AMERICAN INSTITUTES FOR RESEARCH®

Respite Partnership Collaborative (RPC) Innovation Project Evaluation

Report 2

Grace Wang, Laurel Koester, Dierdre Gilmore, Elena Lumby, Brandy Farrar, Anita Poon, Roshani Fernando

August 2015

Respite Partnership Collaborative (RPC) Innovation Project Evaluation: Report 2

August 2015

Grace Wang, Laurel Koester, Dierdre Gilmore, Elena Lumby, Brandy Farrar, Anita Poon, Roshani Fernando

AMERICAN INSTITUTES FOR RESEARCH®

2800 Campus Drive, Suite 200
San Mateo, CA 94403-2555
650-843-8191

www.air.org

Contents

Exhibit List

1.0 Executive Summary

The Mental Health Services Act (MHSA)—funded by Proposition 63—supports five unique components: (1) Community Services and Supports, (2) Prevention and Early Intervention, (3) Workforce Education and Training, (4) Capital Facilities and Technology, and (5) Innovative Programs. In September 2010, the Sacramento County Division of Behavioral Health Services (DBHS) initiated a community planning process to develop Sacramento's first Innovation Project. DBHS convened an Innovation Workgroup that developed the Innovation Plan and the Respite Partnership Collaborative (RPC) Innovation Project.

American Institutes for Research (AIR) is conducting an evaluation of the RPC Innovation Project. Evaluation objectives are to assess the extent to which the RPC Innovation Project does the following:

- Promote successful collaboration between public and private organizations (i.e., DBHS and the Sierra Health Foundation: The Center for Health Program Management [the Center]) in Sacramento County
- Demonstrate a community-driven process
- Improve the quality and outcomes of respite services in Sacramento County

To address the evaluation objectives; the evaluation includes interviews, an RPC survey, a community survey, and a document review.

This report presents findings from evaluation activities conducted from June 2014 to April 2015 to DBHS, RPC members, and the Center.

1.1 RPC Structures and Processes

The RPC Innovation Project structures and processes have evolved since project inception. Now, the RPC Innovation Project includes in the Planning Committee two RPC co-chairs, whom most current RPC members viewed as providing leadership. In addition, the RPC Innovation Project moved away from standing committees and absorbed the work of the Communications Committee, Membership and Governance Committee, and Sustainability, Public Policy and Collaboration Committee into the full membership. Although the RPC Innovation Project used to include a professional facilitator, RPC members now facilitate their own meetings. The RPC reflected on its previous requests for proposals (RFPs) and the proposals it received in response. The RPC refined its RFP and definition of respite over the course of the project and held bidders' conferences to increase the number of bidders who submit strong applications. Finally, the RPC monitored grantee progress on goals and made funding decisions based on goal achievement.

1.1.1 Public-Private Partnership

Areas that help to develop public-private partnerships include shared vision and goals, unique contributions and culture, and roles. In the RPC Innovation Project, both the Center and DBHS held a common overarching vision of improving mental health services. However, RPC Innovation Project partners experienced a challenge in how they prioritized goals, and they held different viewpoints on how actively the Center should participate and support RPC members.

At the RPC Innovation Project onset, partners were excited about the partnership and the unique contributions each partner would bring. As the RPC Innovation Project unfolded, the partners maintained their enthusiasm while learning to navigate the differences in organizational culture, process, and terminology. Partners also differed in their interpretations of how to fulfill roles laid out in the Innovation Plan. At times, partners were not clear what activities were within the scope and who was responsible for each activity.

Areas that help to maintain public–private partnerships include leadership and partnership processes. Leadership consistency in the RPC Innovation Project helped to establish goals, roles, and other activities more firmly. In contrast, changes in leadership required all partners to accommodate new ways for leaders to view and prioritize the RPC Innovation Project. Although the process of providing feedback enables partnerships to grow and evolve, RPC Innovation Project partners experienced challenges with dedicating time and developing formal activities like partnership reflection meetings to maintain the partnership.

1.1.2 Community Participation in the RPC Innovation Project

RPC members view the RPC Innovation Project as being collaborative, and this perception has changed only a little over time. However, RPC membership has waned over the course of the last 2.5 years, and time commitment to be part of the RPC Innovation Project was increasingly problematic in 2014 when compared to 2013. A large proportion of current RPC members also were never involved in key activities such as serving as a spokesperson, recruitment, or setting meeting agendas. Nevertheless, most RPC members felt that they, DBHS, and the Center all had a lot of influence.

RPC members' definitions of community-driven process indicate that the process involves being included in generating ideas and identifying priorities, leading and making decisions, and working on behalf of the community. In a survey, more than 90% of current RPC member respondents agreed that the RPC Innovation Project is community-driven.

Based on the community survey, more than 75% of community survey respondents had heard of the RPC Innovation Project. Among those who had heard of the RPC, most felt the RPC helped them to learn about mental health respite services and was responsible for improving services and outcomes.

1.1.3 Respite Services Provided by RPC Grantees

Interviews with the Round 2 grantees TLCS, Inc., and Saint John's Program for Real Change showed that respite services provided clients with time and physical space away from their current situations. These programs offer clients a mental and physical break with the flexibility to customize their respite experience to best meet their needs. During interviews, these grantees focused on physical safety. Grantees offer security by meeting clients' immediate, basic needs and providing a secure environment free of physical threats. Round 2 grantees also discussed "friendship" and "trust" in staff. Clients said they previously feared sharing their experiences, but now talked with staff about their feelings. Although TLCS, Inc. and Saint John's Program for Real Change offer a place for clients to gather, the focus is less on bringing communities together than it is on providing individuals opportunities to talk through their life experiences,

current needs, and next steps with staff. Interviewees described helping clients to feel more rejuvenated to focus on their individual goals.

Interviewees addressed key issues and lessons learned in implementing respite services at their organization. Themes that emerged from the interviews included training staff, determining client services, and networking and outreach. Both Saint John's Program for Real Change and TLCS, Inc., described the need to train staff extensively before delivering respite services to clients. Training topics included mental health 101, motivational interviewing, harm reduction, suicide assessment, trauma-informed care, working knowledge of community resources, and cardiopulmonary resuscitation (CPR) and first aid. Round 2 grantees emphasized the importance of strategizing how to implement services as their clients have a "great range of needs." Strategies were put in place at the beginning of and throughout the program on how to assess clients for respite services, what services to offer, and the amount of staff time needed to accomplish established goals. Finally, Round 2 grantees worked to establish networks. These outreach efforts informed the community at large of their services and built the trust needed for agencies to refer clients to them.

Regarding outcomes monitoring, Round 2 grantees provided utilization data on the number of people served. Saint John's Program for Real Change and TLCS, Inc., administered client satisfaction surveys, but data collection could be challenging because clients left unexpectedly and did not always understand what was being asked of them. Although both grantees have data collection systems in place, they do not currently have formal processes to measure long-term outcomes related to emergency department (ED) visits, psychiatric hospitalizations, and institutionalization.

Sustainability strategies described during interviews with Round 2 grantees included seeking additional grant funding, looking for funding and collaborative opportunities with hospitals, and trimming costs.

2.0 Background

2.1 Mental Health Services Act

The Mental Health Services Act (MHSA)—funded by Proposition 63—was enacted in California in November 2004. Its purpose and intent is to do the following:[1]

- Define serious mental illness among children, adults, and seniors as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care.
- Reduce the long-term adverse impact on individuals, families, and state and local budgets resulting from untreated serious mental illness.
- Expand the kinds of successful, innovative service programs for children, adults, and seniors that begun in California, including culturally and linguistically competent approaches for underserved populations.
- Provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure.
- Ensure that all funds are expended in the most cost effective manner and that services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and to the public.

MHSA funding supports five unique components: (1) Community Services and Supports, (2) Prevention and Early Intervention, (3) Workforce Education and Training, (4) Capital Facilities and Technology, and (5) Innovative Programs. Counties must select one or more of the following Innovative Program purposes to focus on for "learning and change."[2]

- Increase access to underserved groups.
- Increase the quality of services, including creating better outcomes.
- Promote interagency collaboration.
- Increase access to services.[3]

According to the 2009 proposed guidelines for the innovation component of the county's 3-year program and expenditure plan from the California Department of Mental Health, innovation "contributes to learning rather than a primary focus on providing a service. By providing the opportunity to 'try out' new approaches that can inform current and future practices/approaches in communities, an Innovation contributes to learning…"[2]

2.2 History of Sacramento's Innovation Project

The Innovation Plan, approved by Sacramento County's MHSA Steering Committee, supported an Innovation Project focused on crisis and alternatives to hospitalization. Crisis had been a "recurring community concern" throughout the MHSA Community planning processes.[4] At the time the Innovation Workgroup met, Sacramento County had experienced reduced funding for mental health services resulting in the closure of the Sacramento County Crisis Stabilization Unit. The closure resulted in increased emergency room visits and hospitalizations.

In September 2010, the Sacramento County DBHS initiated a community planning process to develop Sacramento's first Innovation Project. DBHS convened an Innovation Workgroup of 20 community members who met four times in early 2011. The public was invited to attend all meetings and had an opportunity to provide comment at the end of each meeting. Over the course of the four meetings, the Innovation Workgroup reviewed data about mental health crises in Sacramento County (e.g., suicide rates, homelessness, and hospitalizations). It developed and refined program strategies based on data, information from the MHSA planning process, and community input. The strategies eventually became the Innovation Plan.

The Innovation Plan presents the RPC Innovation Project and its purposes as follow:[4]

> *The essential purpose of the Sacramento County Innovation Project is to test whether a community-driven process, that includes decision making and program design, will promote stronger interagency and community collaboration. Additionally, the County seeks to learn whether this community-driven collaborative approach can lead to new partnerships that can maximize existing resources to establish a continuum of respite services that will reduce mental health crisis . . . . The secondary purpose of this Innovation Project is to determine whether this community-driven collaborative leads to an increase in the quality of services being delivered, including achieving better outcomes . . . . In implementing a range of respite options designed by community partners, DBHS will test whether a process unlike the traditional government process now in place will facilitate a different outcome, be more expedient, improve relationships in the community, and create greater trust between the community and the County. It will also test whether adopting a model that gives community members program choice will improve the quality of services and produce better outcomes.*

3.0 RPC Innovation Project Evaluation

Based on a competitive request for proposal process, AIR was selected to conduct an independent evaluation of the RPC Innovation Project. Two RPC member representatives, two DBHS representatives, and two Center representatives reviewed applications.

The main evaluation objectives are to assess the extent to which the RPC Innovation Project does the following:

- Promote successful collaboration between public and private organizations (i.e., between DBHS and the Center) in Sacramento County.
- Demonstrate a community-driven process.
- Improve the quality and outcomes of respite services in Sacramento County.

We previously released interim findings in Report 1 about RPC Innovation Project structure and processes, dimensions of community participation in the RPC Innovation Project, and respite services provided by RPC grantees.[5] The previous report covers evaluation activities conducted from June 2013 through June 2014.

The purpose of this report is to present findings from evaluation activities conducted from June 2014 to June 2015 to the DBHS, RPC members, and the Center. This report presents the following sections:

- RPC Innovation Project structure and processes: documents major changes to RPC Innovation Project structure and processes since the release of Report 1
- Dimensions of public-private partnership: provides an analysis of the collaboration between DBHS and the Center on the RPC Innovation Project
- Community participation in the RPC Innovation Project over time: documents changes in RPC members' viewpoints about community participation and community-driven process since the release of Report 1
- Respite services provided by RPC grantees: describes dimensions of respite, respite service implementation, and client outcomes as discussed and reported by grantee staff and clients
- Next steps: describes plans for final data collection and evaluation completion in 2016

3.1 Methods

The evaluation employs several data collection methods to address the evaluation objectives, including interviews, an RPC survey, a community survey, and a document review.

3.1.1 Interviews

We conducted key informant interviews about the RPC Innovation Project, the RPC collaborative, and respite services. We conducted 16 interviews between July 2014 and February 2015 with the following:

- Three people representing DBHS
- Four people representing the Center
- Two current RPC members
- Three staff and two clients from Saint John's Program for Real Change
- Four staff and two clients from TLCS, Inc.

All interviews were 30 to 60 minutes, in person or by phone. Interviews were audio-recorded, transcribed, and coded for themes using NVivo software. The team also analyzed detailed notes developed during interviews and consulted audio recordings for accuracy when necessary.

3.1.2 RPC Survey

AIR conducted two RPC surveys that both asked about the structure and processes of the RPC Innovation Project. To compare responses from the 2013 survey and the 2014 survey, this report focuses on responses from current members only.

The first survey was fielded from November to December 2013. The 2013 RPC survey was sent electronically and via paper to 38 participants representing past RPC members, current RPC members, DBHS, the Center, and the facilitator. Out of the 31 who completed the survey, 21 were current RPC members.

The second survey included the same topics as the first survey and was fielded from October to November 2014 (Appendix A). The 2014 RPC survey was sent electronically to 41 participants representing past RPC members and current RPC members. Out of the 23 who completed the survey, 16 were current RPC members.

Survey respondents were permitted to skip any items they preferred not to answer. AIR calculated descriptive statistics (e.g., means, frequencies) using Excel based on available data. For survey items asked in both 2013 and 2014, we report the change in viewpoints from 2013 to 2014. For survey items asked only in 2014, we report findings for 2014 only.

3.1.3 Community Survey

AIR conducted two community surveys that both asked about awareness and influence of the RPC Innovation Project. Both surveys were administered electronically via e-mail listservs.

The first survey was administered in January and February 2014 to 45 providers of adult mental health services in Sacramento County and 44 Mental Health Board and MHSA Steering Committee members or alternates who are members of an e-mail listserv maintained by DBHS. Of the 89 listserv members, 28 (31%) completed the community survey.

The second survey was administered in March and April 2015 (Appendix B) to 104 providers of adult and child mental health services in Sacramento County and to 44 Mental Health Board and MHSA Steering Committee members or alternates who are members of an e-mail listserv maintained by DBHS. Forty-three out of 148 recipients (29%) completed the community survey.

Survey respondents were permitted to skip any items they preferred not to answer. AIR calculated descriptive statistics (e.g., means, frequencies) using Excel using available data. For survey items asked in both 2014 and 2015, we report the change in viewpoints from 2014 to 2015.

3.1.4 Document Review

AIR reviewed and summarized meeting notes provided by the Center from the following types of meetings:

- RPC meetings
- Planning Committee meetings
- Grantmaking and Evaluation Committee meetings
- Sustainability and Public Policy Committee meetings
- Communications Committee meetings

Our team reviewed 46 documents that spanned from March of 2014 to March of 2015. These summaries were combined with the findings of the first and second document reviews to study major changes to structure and process.

In addition, Round 2 grantee organizations and the Center provided AIR with documents about the following:

- Grantees' respite program structure (e.g., grant applications)
- Processes (e.g., data collection tools)
- Progress towards achieving their respite program goals
- Scopes of work
- Site visit reports

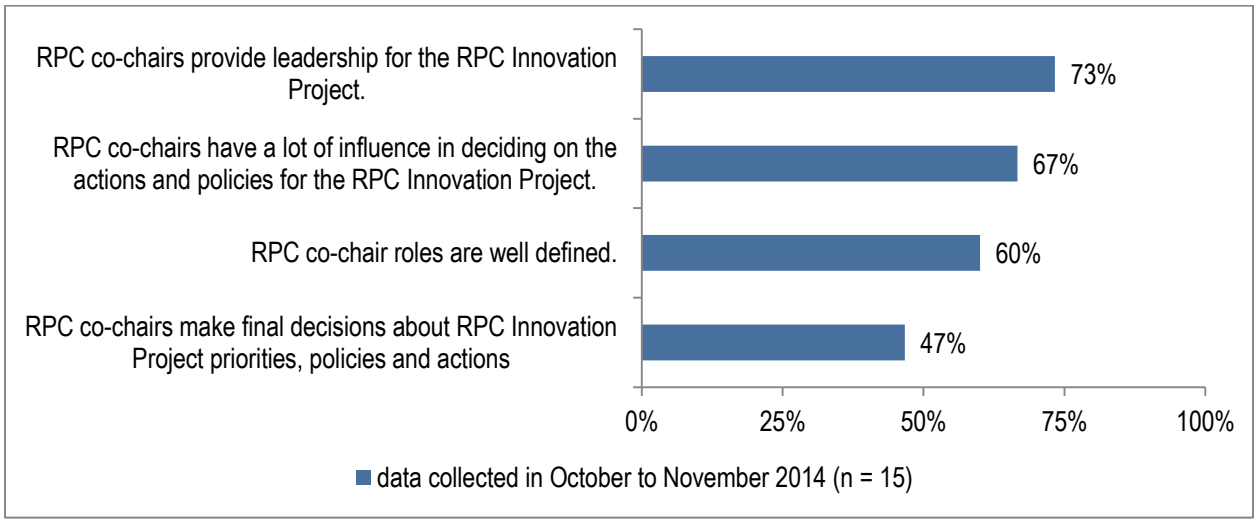
4.0 RPC Innovation Project Structure and Processes

Below we describe key changes to the structure and processes of the RPC Innovation Project in 2014 and early 2015.

4.1 Structures

As described in our first report, the RPC Innovation Project structure originally involved a Planning Committee comprising the Center and DBHS. Later in September 2013, the RPC Innovation Project included in the Planning Committee two RPC co-chairs, whom most current RPC members viewed as providing leadership and having a lot of influence (Exhibit 1).

Exhibit 1. Percentage of Current RPC Members Reporting Opinions About RPC Co-Chairs



Note. *n* = 15 because one person chose not to respond to these survey items.

In addition to the Planning Committee, the RPC Innovation Project included RPC members and a number of standing committees that worked on membership, grant making, communications, and sustainability. In the summer of 2014, the RPC began to discuss whether the existing structures and processes needed revision. One issue that was raised was whether to continue with the standing committees. Some RPC members viewed the standing committees as unnecessary; others viewed the standing committees as important to decision making and the community-driven process. Ultimately, in February 2015, the RPC members voted to absorb the work of the Communications Committee and the Membership and Governance Committee into the RPC. This decision was also made for the Sustainability, Public Policy, and Collaboration Committee (in March 2015). The RPC members decided that the committee work would be done through the full RPC meetings.

The RPC decided to absorb the work of the standing committees for two main reasons. First, RPC members noted that their work had begun to shift with the winding down of grant-making activities, and the full group could tackle their current focus (sustainability and grantee monitoring). Second, the RPC hoped that absorbing the standing committees would reduce the time commitment associated with committee work.

4.2 Processes

There have also been major changes to RPC processes over the course of the RPC Innovation Project. First, RPC members now facilitate the meetings rather than a professional facilitator. Before the professional facilitator transitioned off the RPC Innovation Project in January 2015, the RPC members considered this new role for themselves. September 2014 RPC meeting notes reported the following:

How does a self-facilitated structure differ from the current structure?

- *More participation*
- *Increased engagement/ownership*
- *Shared opportunity for leadership*
- *Rotation of roles on quarterly basis; so no one gets tired*
- *RPC members step up*
- *Implement self-facilitated structure*
- *Train facilitator*
- *May not have as much continuity*

Second, the RPC reflected on its two previous requests for proposals (RFPs) and the proposals they received in response. According to the document review, the RPC has been concerned that they have not received as many proposals as they expected. In addition, some organizations that they expected to apply did not, and some proposals focused on services that were inconsistent with the RPC's definition of respite. Thus, the RPC refined its RFP and definition of respite over the course of the project. As for round 1, the RPC again held bidders' conferences at the release of RFPs in an effort to increase the number of bidders who submit strong applications.

Third, the RPC expanded its grantee-monitoring activities. Grantee progress report summaries have always been shared and discussed in RPC meetings. However, one Round 2 grantee's underperformance prompted the RPC members to take corrective action. After several consultations with the grantee and many discussions with and by the Grantmaking and Evaluation Committee, the Grantmaking and Evaluation Committee recommended to the full RPC to terminate the grantee's funding. The full RPC accepted this recommendation and voted to terminate funding for the grantee for not meeting contractual commitments and program goals. This decision, although difficult, reflects the RPC's shifting grantee monitoring activities over the course of the RPC Innovation Project.

The following exhibit provides a timeline of milestones for the RPC Innovation Project structure and processes.

Exhibit 2. Timeline of RPC Innovation Project Structure and Process Milestones

Date	Milestones
May 2012	2012 RPC Cohort: 22 members
May 2012	First RPC Meeting

Date	Milestones
July 2012	Ad hoc committees formed to do the following: ▪ Recommend membership policies and governance structure ▪ Develop and release Round 1 RFP and select respite grantees ▪ Develop and review evaluation RFP and select evaluation grantee
August 2012	RPC Community Launch and Proposers' Conference
November 2012	Four Round 1 grantees awarded are the following: ▪ Capitol Adoptive Families Alliance ▪ Del Oro Caregiver Resource Center ▪ Iu-Mien Community Services ▪ Turning Point Community Programs
January 2013	RPC holds grantee learning community meeting
February 2013	Initiation of the following standing committees: ▪ Governance and Membership ▪ Grantmaking and Evaluation ▪ Communications ▪ Sustainability, Public Policy, and Collaboration
March 2013	RPC holds grantee learning community meeting
May 2013	2013 RPC Cohort: 12 returning members, 10 new members
May 2013	RPC holds proposer conference
September 2013	Two RPC members are elected as co-chairs to serve as RPC liaisons to the Planning Committee
October 2013	Three Round 2 grantees awarded are the following: ▪ Saint John's Program for Real Change ▪ TLCS, Inc. ▪ [Third awardee name blinded for confidentiality]*
October 2013	RPC holds grantee learning community meeting
January 2014	RPC holds community stakeholder meeting on what respite looks like
February 2014	RPC holds grantee learning community meeting
May 2014	RPC holds grantee learning community meeting
July 2014	2014 RPC Cohort: 12 returning members, 10 new members
August 2014	RPC begins to revisit core structure and processes in meeting discussions
September 2014	RPC holds proposer conference
December 2014	Awarded 2 new grants to replace Round 2 grantee whose contract was terminated: ▪ Wind Youth Services ▪ Sacramento LGBT Community Center
January 2015	RPC shifts to self-facilitation
February 2015	RPC holds community stakeholder meeting
February 2015	RPC votes to absorb the work of the Communications and Membership and Governance committees into the full RPC

Date	Milestones
March 2015	RPC votes to absorb the work of the Sustainability, Public Policy, and Collaboration Committee into the full RPC
March 2015	Round 3 grantees awarded are the following: ▪ Gender Health Center ▪ Church For All ▪ Sacramento LGBT Community Center
March 2015	RPC holds grantee learning community meeting

* This awardee's contract was terminated, as described above under 4.2 Processes.

5.0 Dimensions of Public-Private Partnership

DBHS and the Center formed the public-private partnership in 2011, after a request for qualification and competitive bidding process. DBHS believed this new partnership would facilitate distribution of funds to the community and provide new funding opportunities to sustain respite services.

The Innovation Plan served as a framework for the RPC Innovation Project by outlining *what* the responsibilities of each partner are in the public-private partnership. However, it did not include *how* the two partners would or should work together to fulfill responsibilities. We describe below *how* the public-private partnership was implemented and lessons learned through the RPC Innovation Project.

We compare the RPC Innovation Project public-private partnership to dimensions described in the literature as helping to facilitate and to maintain public-private partnership. Areas that help to facilitate public-private partnership include shared vision and goals, unique contributions and culture, and roles. Areas that help to maintain public-private partnership include leadership and partnership processes.

5.1 Facilitating Partnerships

5.1.1 Shared Vision and Goals

Successful partnerships require shared vision between partners.[6–9] In the RPC Innovation Project, both the Center and DBHS held a common overarching vision of improving mental health services.

However, a typical challenge for partnerships across sectors is having different views about planning, strategies, and tactics.[9] RPC Innovation Project partners experienced this challenge in whichever aspect of the project on which they focused. For example, the Center focused on the operation of the community-driven process and distribution of funds for mental health respite services. DBHS focused on project learning objectives such as developing, maintaining, and replicating a community-driven process. One partner shared the following:

> *We designed and convened the community planning process for the Innovation Project, that resulted in the rest of the partnership collaborative, and the opportunity to test this new approach and with the private-public partnership and the community-driven approach that brings the RPC members together and . . . secondary to that learning objective, is the ability to provide these respite services through the project for the time limited period of 5 years.*

The difference in focus meant different viewpoints in how actively the Center participated and supported the RPC members. One interviewee shared the following:

> *I would say that the work that we support [RPC members] in, and sometimes it may not feel community-driven, but it is, is helping to be as successful as they can possibly be. So, we won't let them fail.*

5.1.2 Unique Contributions and Cultures

Partnership brings two or more organizations together to create synergy and to accomplish more than each partner can do on its own.[10] Each partner must see the unique contribution the other makes to the partnership and understand similarities and differences.[6, 8]

At the RPC Innovation Project onset, partners were excited about the partnership and the unique contributions each partner would bring. Partners hoped that through the RPC Innovation Project, they would learn how to create synergy between the organizations. Partners shared the following:

> *My understanding was that would be the fruit . . . not how you are together but what are the ways that you're different so that you can then get to that place of having the ability to really understand how different organizations work*

> *The expectation was that, we would bring the best of what philanthropy has to offer . . . what the public sector does well, if they run and support programs well. And, on our end, we convene conversations and have the ability to position information and effort well. And so, we thought that would be kind of a nice marriage.*

As the RPC Innovation Project unfolded, the partners maintained their enthusiasm while learning to navigate the differences in organizational culture, process, and terminology. For example, DBHS believed that the Center's grant-making process would be more flexible than its own but learned that the Center's process also had constraints.

Terminology offers another example of how partners learned about one another over time. Partners came from different fields, and subsequently differed in their definitions of the same word or phrase, such as "open to the public" and "sustainability." One interviewee shared the following:

> *We would have a conversation as partners and we would leave the table with a completely different understanding because language meant one thing in our world and the exact same language meant something very different [to them].*

5.1.3 Roles

Effective partnerships require each partner to have clearly defined, mutually understood roles that are adhered to by each organization.[8, 11] Although the Innovation Plan defined roles, partners differed in their interpretation of how to fulfill those roles. At times, partners were not clear what activities were within the scope and who was responsible for each activity. Some roles were clear at the beginning of the RPC Innovation Project but became cloudy over time. Other roles were unclear throughout and continue to be so.

For example, partners agreed to what the administrative entity should do, such as provide logistical support to RPC members, but disagreed on how to do it. DBHS envisioned the administrative entity providing neutral support of project logistics and giving RPC members majority responsibility for the community-driven process. One interviewee stated the following:

> *We were contracting with them to do the actual grant-making process, which is an administrative function, collect the money, get the money out, that kind of thing…the neutrality I'm talking about is not influencing . . . not having an organizational investment in the outcome.*

The Center felt they needed to play an active role to manage the community-driven process and distribute grant funding. One interviewee stated the following:

> *Improving mental health . . . we believe in that mission . . . some [are] expecting us to do that, counting on us to do that . . . we're not these neutral facilitators.*

5.2 Maintaining Partnerships

5.2.1 Leadership

Effective leadership helps a partnership work toward inclusion of all parties and sustains the vision of the partnership.[7, 9, 11] Leadership consistency in the RPC Innovation Project helped to establish goals, roles, and other activities more firmly. In contrast, changes in leadership required all partners to accommodate new ways leaders viewed and prioritized the RPC Innovation Project. One interviewee stated the following:

> *I would say on our side . . . there has been consistency throughout the project for us, that we're always constantly reminded why we're in it, and why we're struggling in our partnership and on whose behalf we're actually doing it for. And so, because that hasn't wavered for us, we do find ourselves in conflict and sometimes in negotiation and sometimes actually in harmony with our partner.*

5.2.2 Partner Processes

Partnerships should establish a process in which goals and strategies can be adjusted over time in light of experience, and provide sufficient time for revised processes to work.[11] Ongoing feedback enables partnerships to grow and evolve.[6, 8, 9]

One example of evolving processes from the RPC Innovation Project is communications between partners. Partners decided to meet quarterly at the beginning of the project, but this meeting schedule was insufficient for maintaining the partnership because of the demands for supporting the RPC. Meetings have been further reduced to a biannual basis due to scheduling difficulties. Some interviewees felt partner communications became reactive rather than proactive. One interviewee shared the following:

> *[Quarterly meetings] really became much more about planning the RPC meetings rather than our own internal process. We didn't do that as much as I think we should have.*

RPC Innovation Project partners learned that fostering the public-private partnership needed to be intentional. Partners needed to dedicate time (e.g., meetings, retreats, informal lunches, and "lessons learned" debriefs) to maintain the partnership, to reflect on processes and process evolution, and to foster teamwork and collegiality. One interviewee shared the following:

> *It probably would have been helpful to have some meetings, or an exercise, or a retreat to clarify what we meant, like, "What do we mean when we say sustainability?"*

Planning Committee notes suggest that close to 2 years elapsed before concerns were raised explicitly about the public-private partnership process, revisiting the process, and "missed opportunity" to reflect. Although reflection about the public-private partnership may have occurred during informal conversations or meetings not involving the Planning Committee, it was not until May 2014 that partners engaged in a self-assessment in which they considered several important questions (Exhibit 3).

Exhibit 3. Self-Assessment Findings, as Reported in Planning Committee Meeting Notes

Question	Responses
Where are we in "the flow"? What's working about our planning process?	▪ Responsive to RPC feedback; build into agendas ▪ Open minds ▪ Discussion of issues ▪ Organized agenda ▪ RPC representation ▪ Behind-the-scenes work results in actively engaged RPC meetings ▪ Reduce problems and decrease conflict ▪ Information sharing with committees is bidirectional and influences RPC agenda ▪ Helped create structure and process for RPC activities (i.e., grant-making review)

Question	Responses
Where are we in "choppy or turbulent" waters? What's challenging about our planning process?	▪ Need more RPC representation ▪ Sense of being shut down, not respected ▪ Feeling of tension or frustration ▪ Stems from budget discussion ▪ Has prevented honest dialogue ▪ No mechanism for assessing planning committee process and carrying over to the RPC ▪ Co-chairs not consistently able to participate due to time commitment ▪ Different language used; organizational culture may be influencing misunderstanding (i.e., public meetings versus guest) ▪ Managing roles; focus on scope of work versus bigger framework ▪ *Partnership* definition—often focuses on public-private, RPC not included ▪ Too attached to the agenda—no room for flexibility ▪ Self-imposed timelines/deadlines contribute to inflexibility ▪ No time to investigate assumptions ▪ Materials—last minute preparation and review ▪ Introduction of ground rules feels personal ▪ Communication process ▪ Time pressure
What will keep us moving down the river together? What changes to our process would help?	▪ Verbally ask RPC for agenda items ▪ Ask each committee for a volunteer to participate ▪ Identify each person's urgent items at the beginning ▪ Reflect at the end of each meeting—what went well, what's disappointing ▪ Explore different roles for the Planning Committee ▪ A way to memorialize our real-time process learning, feeds into evaluation (aha moments) ▪ Shift mindset so that RPC members are more involved in planning ▪ Reflection with RPC on RPC process—what does success look like? ▪ Planning Committee members bring member feedback to committee

5.3 Discussion

The RPC Innovation Project's public-private partnership demonstrates successes and challenges in key dimensions of facilitating and maintaining partnerships. Partners shared a common vision for improving mental health services and were initially excited about the perceived strengths that they each brought to the project. As the RPC Innovation Project progressed, partners learned more about organizational differences and differences in how they each wanted to proceed. This learning process could, at times, be frustrating.

A kickoff meeting dedicated to the establishment of the private-public partnership might have helped to minimize frustration. A kickoff meeting would give leadership and staff from each partner organization the opportunity to establish a common and explicit roadmap and to surface unstated assumptions at project onset. A meeting agenda could address agreeing on vision, goals and prioritization of goals, unique contributions of each partner, role definitions, role activities, internal processes of each organization, common vocabulary and terms, and a plan for maintaining the partnership.

The time partners dedicated to supporting the RPC allowed the RPC to distribute three rounds of funds successfully, but DBHS and the Center also needed dedicated time to nurture the new public-private partnership and to work out differences. Partners held Planning Committee meetings that focused on RPC structure, processes, and funding decisions. Close to 2 years passed before the DBHS and the Center turned to reflect on their own relationship. In a self-assessment, partners acknowledged strengths, challenges, and ways to continue the work. Although both partners have expressed tension, partners have not walked away from the public-private partnership. Partners continue to meet, work together, and move the RPC Innovation Project forward.

Frequent, regularly scheduled meetings dedicated to partnership maintenance may have alleviated frustrations that arose as partners realized their different approaches to supporting the RPC Innovation Project. Intentional, ongoing, and clear communications could help to reconcile differences in opinion on goals, roles, and activities. Increasing meeting frequency beyond a biannual schedule is a sound investment in maintaining the partnership, smoothing transitions during leadership changes, and allowing processes to evolve based on experiences with what works or does not work.

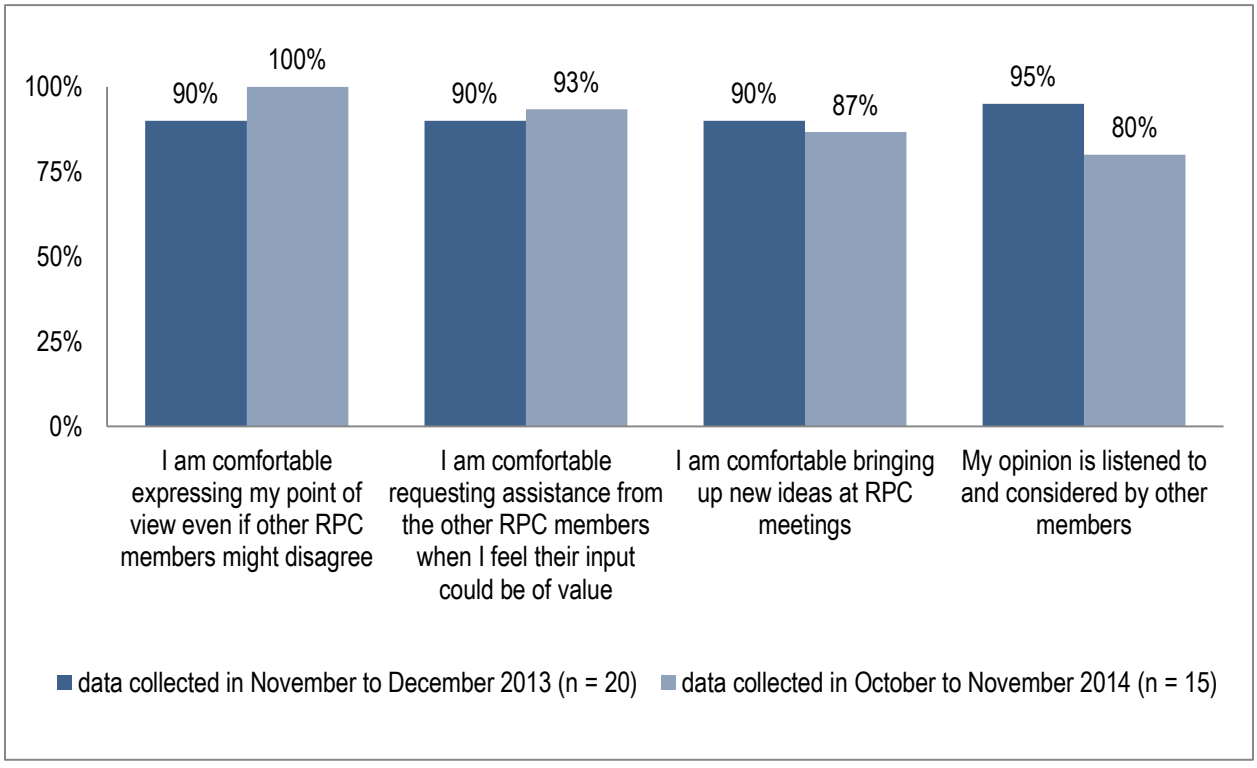
6.0 Community Participation in the RPC Innovation Project Over Time

To evaluate the extent to which the RPC Innovation Project demonstrates community-driven processes, we analyzed RPC member perceptions about collaboration, membership and attendance, diversity of participants, amount of time spent in activities, and balance of power and leadership. These dimensions have been used frequently to assess community participation in a variety of contexts.[12] In addition, we present findings about awareness and perceptions of the RPC Innovation Project in the community.

6.1 Collaboration

RPC members view the RPC Innovation Project as being collaborative, and this perception has changed only a little over time. Nineteen out of 20 in 2013 and all current RPC members who responded to the survey (15 out of 15) in 2014 agreed that DBHS, the Center, and RPC members work collaboratively. Exhibit 4 shows current RPC members in 2013 compared to 2014 that agree or strongly agree with survey items about openness and respect. More current RPC members reported comfort with expressing viewpoints in 2014 compared to 2013. However, fewer RPC members reported that their opinions are listened to in 2014 compared to 2013.

Exhibit 4. Percentage of Current RPC Members Reporting Openness and Respect in the RPC Innovation Project



Note. n = 20 for the 2013 survey because one person chose not to respond to these survey items in 2013. n = 15 for the 2014 survey because one person chose not to respond to these survey items in 2014.

6.2 Membership and Attendance

The RPC began with 22 members; however, membership has waxed and waned over the course of the last 2.5 years. The Planning Committee notes question the following:

> *Has it always been challenging to find new RPC members? There has been a gradual decline. Typically, there is one membership recruitment time each year. Cohort 1 received approximately 30 applications, Cohort 2 received between 16 and 20 applications, and Cohort 3 had approximately 12 applications.*

By February 2015, the RPC had only 12 members, with seven attending meetings regularly. Later, membership increased to 16 members with implementation of a rolling membership process so that the RPC reviews applications at every meeting. Further, the RPC has urged members to identify candidates through their personal and professional networks.

6.3 Diversity of Stakeholder Perspectives and Backgrounds

6.3.1 Diversity of Stakeholder Perspectives

The RPC members continued to represent a wide array of stakeholder perspectives in 2014, as in 2013. In 2013, half of current RPC members who responded to the survey listed transition age youth, hospital emergency department, nontraditional mental health providers, law enforcement, and hospital council/community mental health partnership as stakeholders not well represented. By 2014, half of current RPC members who responded to the survey continued to identify only hospital emergency department as stakeholders not well represented on the RPC. Of note, hospital systems representatives applied for RPC membership but requested that the RPC allow co-membership (e.g., one hospital system perspective represented by two participants who split time and responsibilities). The Membership and Governance Committee previously decided against co-membership and did not make exceptions for hospital systems even though this stakeholder was not well represented on the RPC.

6.3.2 Diversity of RPC Member Backgrounds

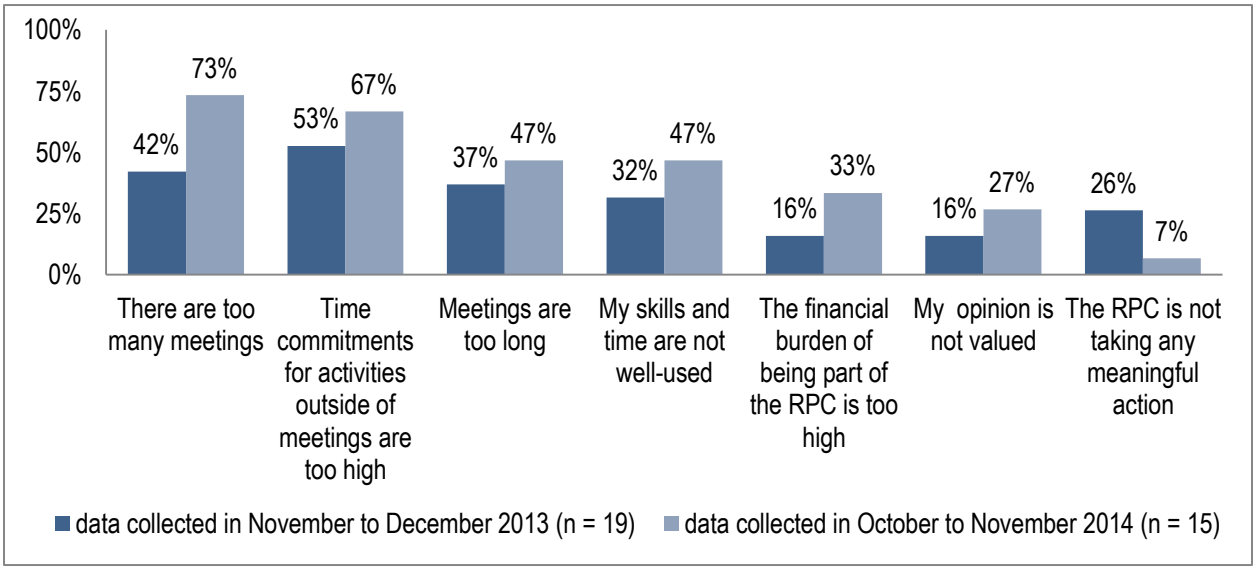
RPC member backgrounds continued to be diverse in 2014. Per DBHS' practice of valuing the voice of consumers and family members with lived experience, half of the Innovation Project seats are designated for these stakeholders. In addition, three members (19%) identified as health professionals, and three members identified as government official or staff from a nonprofit (19%).

6.4 Amount of Time Spent in Activities

The RPC survey shows that the time commitment to be part of the RPC Innovation Project was increasingly problematic in 2014 when compared to 2013. The top barriers to participation identified by current RPC members in 2014 were too many meetings, time commitments outside of meetings, meeting length, and use of skills and time (Exhibit 5). RPC meeting notes also contain several discussions of the challenges associated with the RPC time commitment. For

example, the RPC discussed the potential implications—both positive and negative—of absorbing the work of the standing committees into the full RPC as it related to time demands.

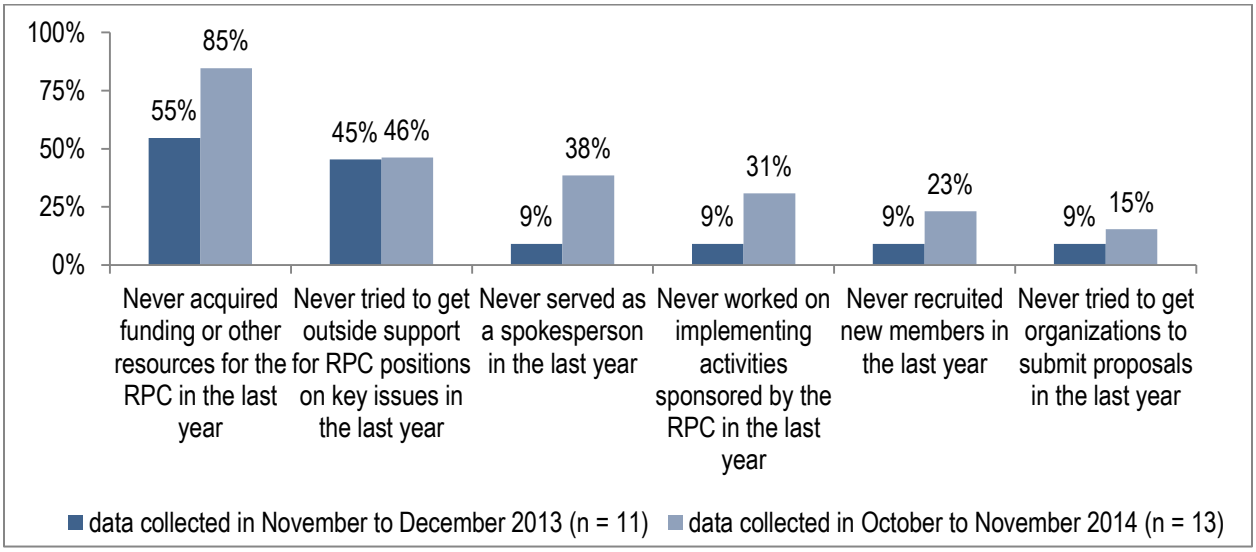
Exhibit 5. Percentage of Current RPC Members Reporting That Specified Items are Minor or Major Problems With Participating in the RPC Innovation Project



Note. n = 19 for the 2013 survey because two people chose not to respond to these survey items in 2013. n = 15 for the 2014 survey because one person chose not to respond to these survey items in 2014.

A large proportion of current RPC members were never involved in acquiring resources, serving as a spokesperson, implementing RPC-sponsored activities, and recruitment in the past year (Exhibit 6).

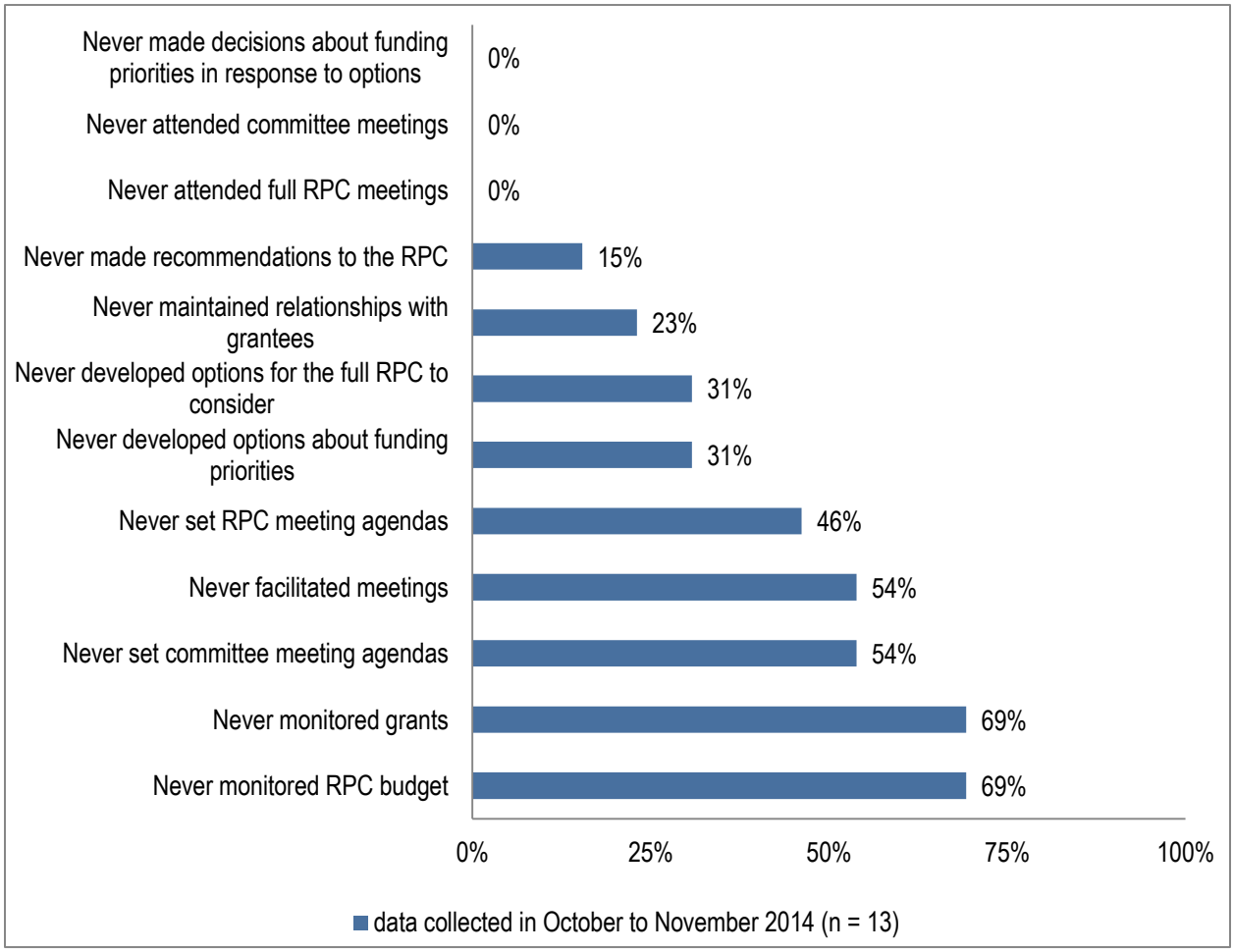
Exhibit 6. Percentage Who Never Engaged in Activities, Over Time, Among Current RPC Members Who Served for 1 Year or More



Note. n = 11 for the 2013 survey and n = 13 for the 2014 survey because we are reporting results for only members who served for 1 year or more.

In 2014, we asked about involvement in additional RPC member responsibilities. Most reported never setting meeting agendas, monitoring grants or budgets, or facilitating meetings (Exhibit 7).

Exhibit 7. Percentage Who Never Engaged in Typical Collaboration Activities Over the Past Year, Among Current RPC Members Who Served for 1 Year or More



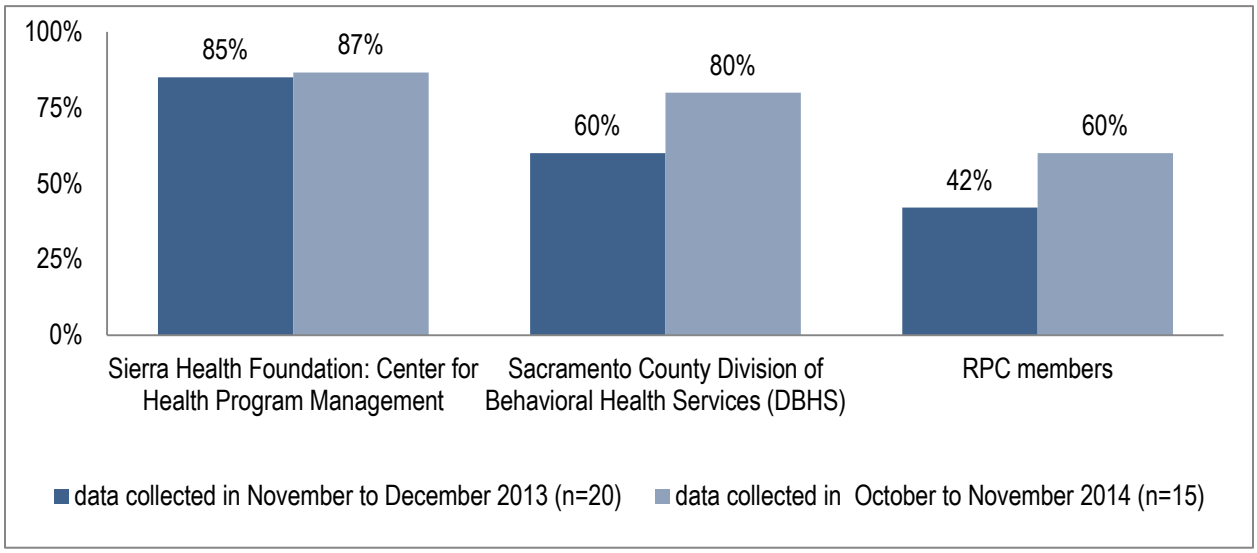
Note. n = 13 for the 2014 survey because three people chose not to respond to these survey items in 2014.

6.5 Balance of Power and Leadership

When asked in 2014 about who leads the RPC Innovation Project, 60% of current RPC members reported that the Center, DBHS, and RPC members lead together.

We also asked about the amount of influence groups and individuals have in deciding on the actions and policies for the RPC. Most current RPC members in 2013 and 2014 identified the Center as having a lot of influence. Compared to 2013, more people reported in 2014 that DBHS and RPC members have a lot of influence (Exhibit 8).

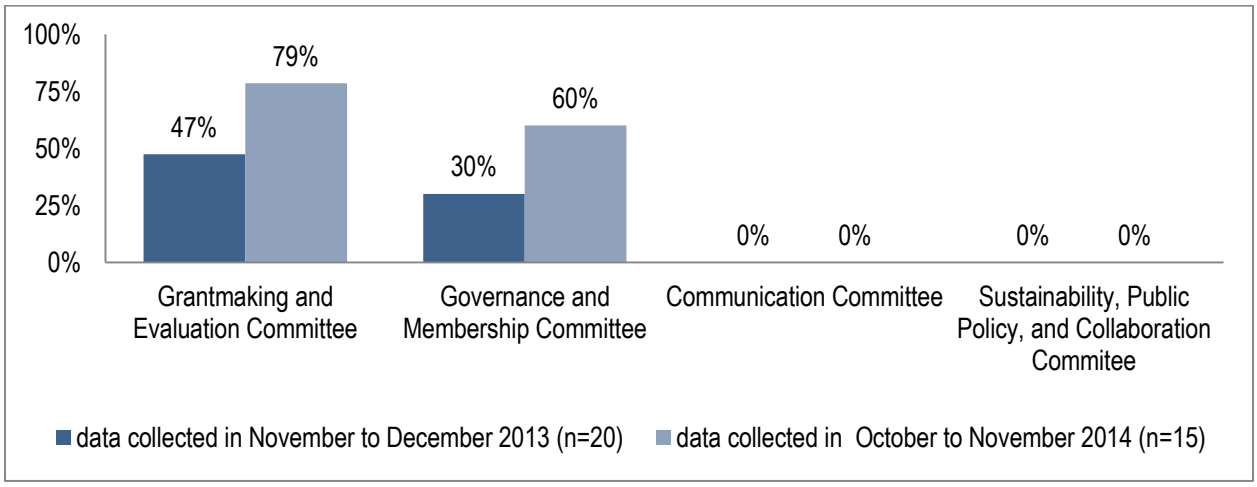
Exhibit 8. Percentage of Current RPC Members Reporting That the Named Group Has a Lot of Influence



Note. n = 20 for the 2013 survey because one person chose not to respond to these survey items in 2013. n = 15 for the 2014 survey because one person chose not to respond to these survey items in 2014.

We also observe a marked increase in 2014 compared to 2013 in the number of reports that the Grantmaking and Evaluation Committee and the Governance and Membership Committee have a lot of influence in deciding on the actions and policies for the RPC (Exhibit 9).

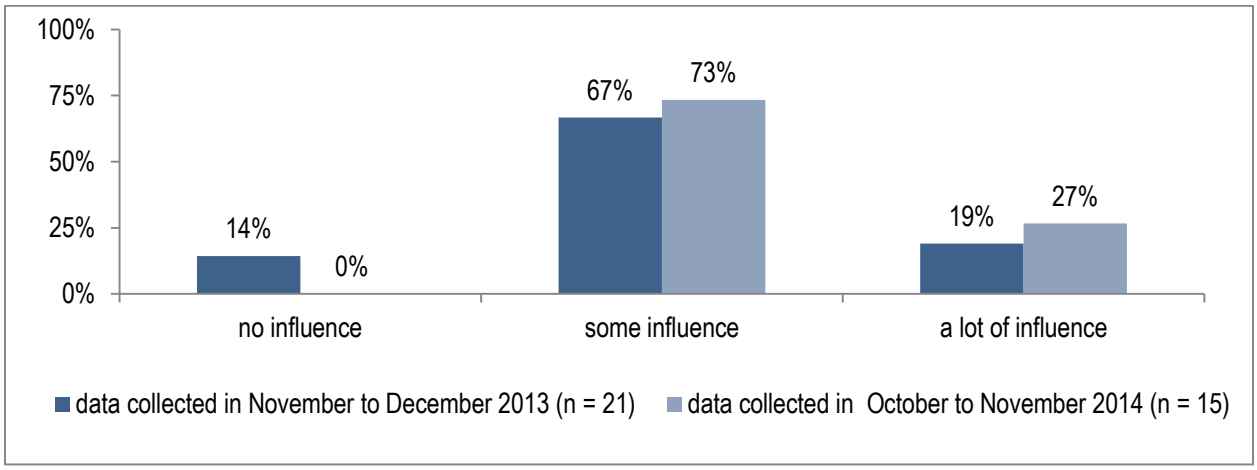
Exhibit 9. Percentage of Current RPC Members Reporting That the Committee Has a Lot of Influence



Note. n = 20 for the 2013 survey because one person chose not to respond to these survey items in 2013. n = 15 for the 2014 survey because one person chose not to respond to these survey items in 2014.

Current RPC members also reported that they personally have influence in making decisions. Although 86% reported having some or a lot of influence in 2013, 100% of survey respondents in 2014 reported having some or a lot of influence in 2014 (Exhibit 10).

Exhibit 10. Percentage of Current RPC Members Reporting How Much Influence They Personally Have in Making RPC Decisions



Note. n = 15 for the 2014 survey because one person chose not to respond to these survey items in 2014.

6.6 Views on Community-Driven Process

We asked RPC members, "What Does Community-Driven Mean to You?" (Exhibit 11).

Exhibit 11. Responses to the Question, "What Does Community-Driven Mean to You?" Shared by Current RPC Members in the 2014 RPC Survey

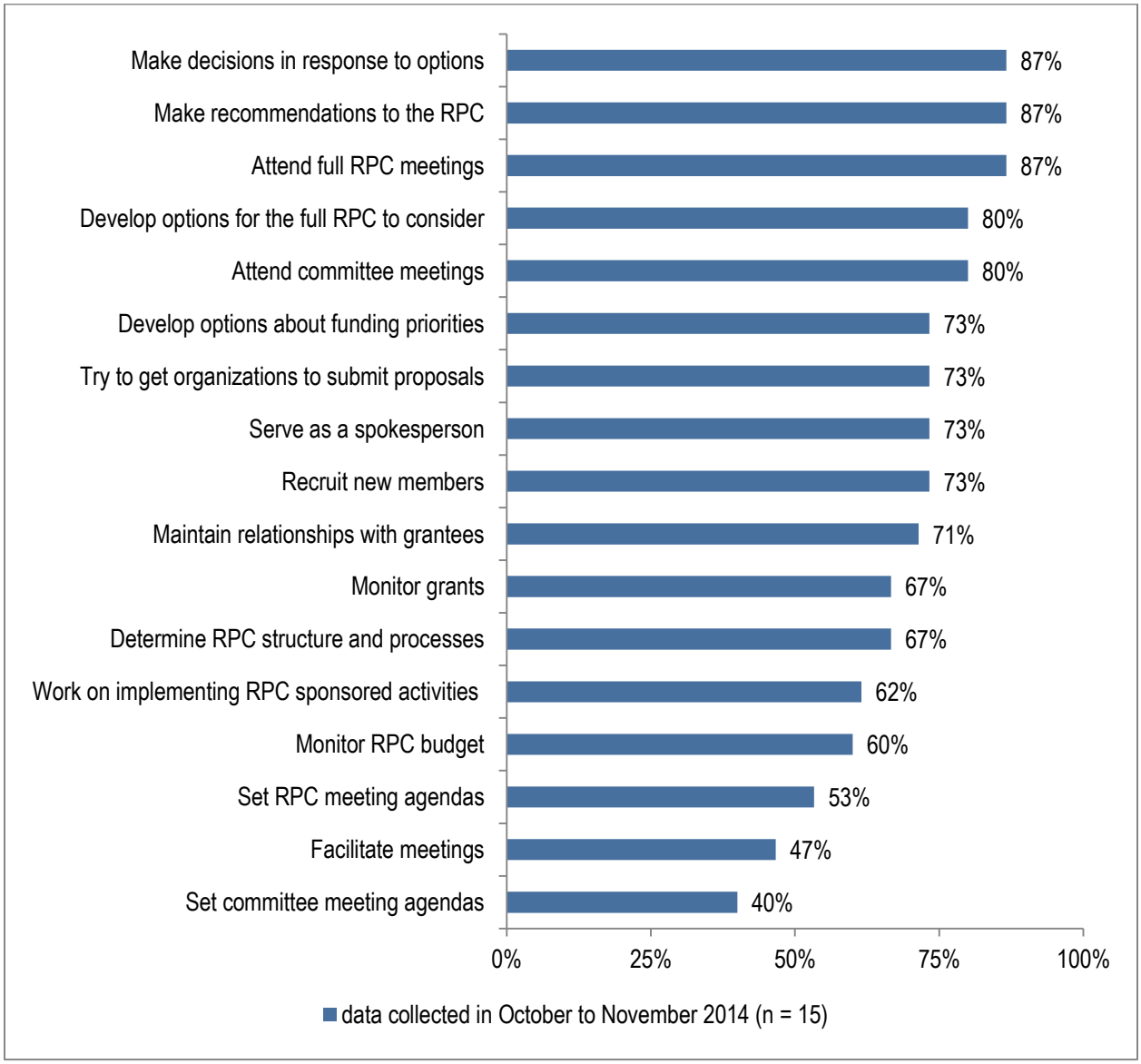
Being included in the process	Generating ideas and identifying priorities	Leading and making decisions	Working on behalf of the community
All members of the community work toward a common goal. Inclusion of all stakeholders, from the consumer to transportation provider, and all in between. Community members are a part of the process. Various stakeholders or cultural brokers coming together to drive a process forward.	Ideas should be started at the community level and brought forward from there, and be the basis for the way the system is operating. The community identifies the priorities and then provides oversight to ensure that priorities are being met. As many representatives from various constituencies impacted by mental health programs are given an opportunity to voice opinions about brainstorming, designing, and implementing respite care programs and their funding.	Led by members of the mental health community. The community is in the driver's seat. The community makes the major decisions.	That we fight to meet the needs of community members and not our own. Community collaboration and advocacy on behalf of their stakeholders with the government agency to improve and innovate appropriate process to achieve the desired outcomes. It is also a great learning experience to learn from positive gains or unplanned expectations.

Based on responses to this open-ended question, we suggest that community-driven process involves being included in generating ideas and identifying priorities, leading and making

decisions, and working on behalf of the community. More than 90% of current RPC members who responded to the survey agreed that the RPC Innovation Project is community-driven.

Exhibit 12 shows the activities viewed as very important for RPC members to engage in as part of a community-driven process. Compared to other activities, fewer RPC members found agenda setting and meeting facilitation as very important.

Exhibit 12. Percentage of Current RPC Members Who Report that Activity Is a Very Important Part of a Community-Driven Process

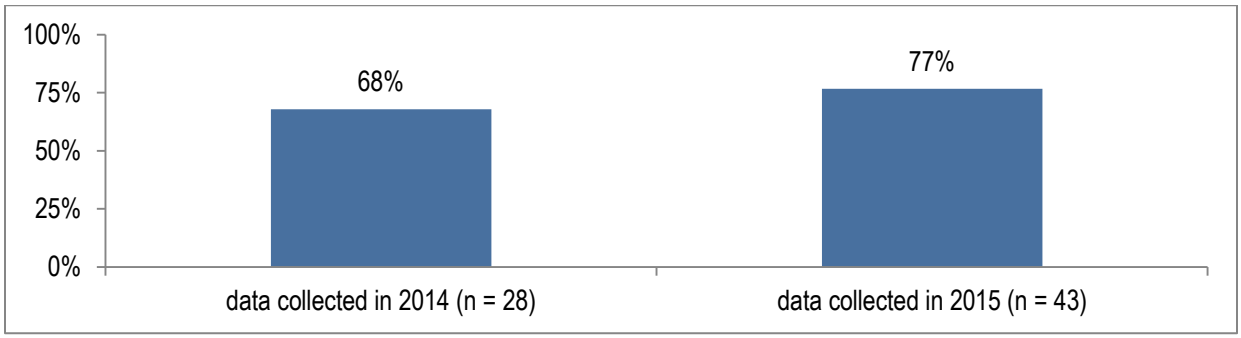


Note. n = 15 for the 2014 survey because one person chose not to respond to these survey items in 2014.

6.7 Community Awareness and Perceptions

We observe an increase in community awareness of the RPC Innovation Project between 2014 and 2015 (Exhibit 13).

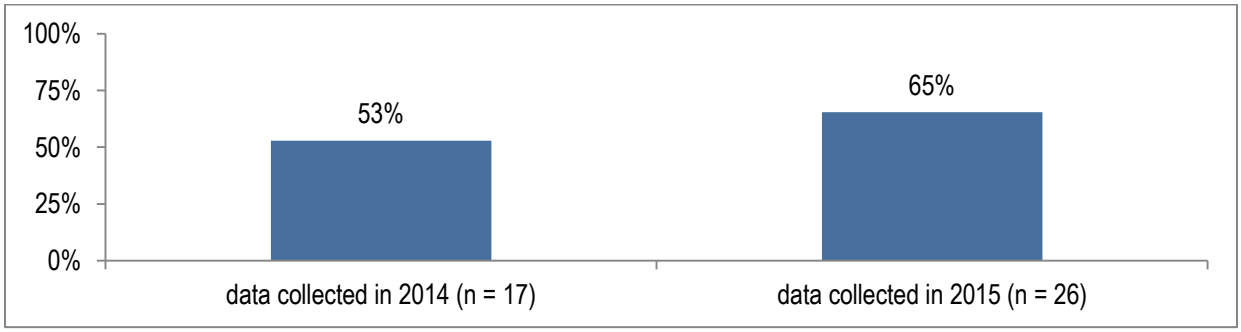
Exhibit 13. Have You Heard of the Respite Partnership Collaborative, or RPC?



Note. The 2014 survey includes adult mental health services providers, Mental Health Board, and MHSA Steering Committee members/alternates. The 2015 survey includes adult and child mental health services providers, Mental Health Board, and MHSA Steering Committee members/alternates.

Among those who had heard of the RPC, more survey respondents in 2015 compared to 2014 felt that the RPC helped them to learn about mental health respite services (Exhibit 14).

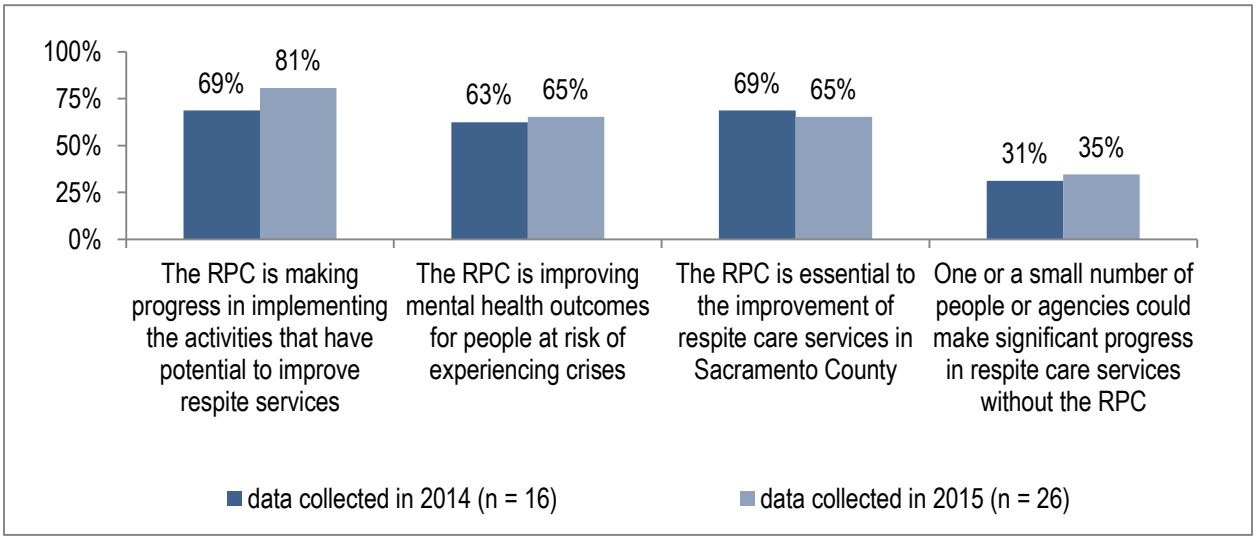
Exhibit 14. Has the RPC Helped You Learn More About Mental Health Respite Care Services? (Among Those Who Have Heard of the RPC)



Note. The 2014 survey includes adult mental health services providers, Mental Health Board and MHSA Steering Committee members/alternates. 2015 survey includes adult and child mental health services providers, Mental Health Board and MHSA Steering Committee members/alternates. n = 17 for the 2014 survey because two people chose not to respond to this survey item in 2014. n = 26 for the 2015 survey because seven people chose not to respond to this survey item in 2015.

Most survey respondents in both 2014 and 2015 agreed that the RPC is responsible for improving services and outcomes, but the change over time was negligible. The exception is an increase from 2014 to 2015 in the percentage who agree that the RPC is making progress in implementing activities that have potential to improve respite services (Exhibit 15).

Exhibit 15. Percentage of Respondents Who Have Heard of the RPC and Agree or Strongly Agree With Statements About the RPC



Note. 2014 survey includes adult mental health services providers, Mental Health Board, and MHSA Steering Committee members/alternates. 2015 survey includes adult and child mental health services providers, Mental Health Board, and MHSA Steering Committee members/alternates. n = 16 for the 2014 survey because three people chose not to respond to these survey items in 2014. n = 26 for the 2015 survey because seven people chose not to respond to these survey items in 2015.

6.8 Discussion

As reported in surveys, we found two ways in which RPC members' viewpoints about community participation have changed only a little between 2013 and 2014. First, current RPC members continue to view the RPC Innovation Project as collaborative and feel comfortable sharing their opinions and ideas. Second, the RPC Innovation Project continues to represent the community well by including a range of stakeholder perspectives and persons with diverse personal backgrounds.

An area where community participation decreased from 2013 to 2014 is time spent in key activities among current RPC members.[1] Many RPC members expressed that they never engaged in activities such as setting agendas, monitoring grantees and budgets, and acting as a spokesperson. One explanation is that RPC members, particularly those who have served for multiple years, are experiencing fatigue and trying to balance many priorities. Indeed, more respondents in 2014 compared to 2013 reported that time is a barrier to RPC Innovation Project participation. At the data collection time in 2014, the RPC's meeting schedule was especially demanding, with all-day meetings to make funding decisions for Round 3 grantees.

Another explanation is related to new RPC members' comfort level to doing these activities. Many long-term RPC members transitioned off the RPC in 2014, and the new members who

[1] We will explore RPC member expectations and opinions about RPC Innovation Project roles, responsibilities, and key activities in greater depth during interviews in late 2015.

were still learning the nuances of the RPC may not have felt ready or comfortable to set agendas or act as spokespersons.

It is also possible that RPC members engaged in these activities but did not interpret the survey statements as describing their actual work. For example, RPC members received and reviewed summaries about grantees, read grantee reports, and made decisions about continuing grantee funding. However, RPC members may not have viewed these activities as grantee monitoring.

A final explanation is that RPC members chose to spend time in activities that were most important to them. For example, most RPC members reported attending meetings, developing options for the RPC to consider, making recommendations, and making decisions about funding.

Consistent with this result, more RPC members in 2014 compared to 2013 reported feeling they have a lot of influence in decision making (Exhibit 8), and fewer RPC members in 2014 compared to 2013 reported "not taking meaningful action" as a participation barrier (Exhibit 5). This suggests that RPC members shifted from running the RPC to making decisions.

Although 60% of RPC members reported that RPC members have a lot of influence (Exhibit 8), only 27% felt they personally had a lot of influence (Exhibit 10). The consensus decision-making process may explain this finding because this process, at times, asks individuals with opposing opinions to stand aside to allow the group's decision to move forward.

Some interviewees in 2013 expressed uncertainty about whether the RPC Innovation Project is community-driven, but RPC members responding to the survey in 2014 expressed little doubt. Ninety percent agreed that the RPC Innovation Project is community-driven. Their definitions of community-driven suggest the importance of being included in the process of generating ideas and identifying priorities, leading and making decisions, and working on behalf of the community.

Finally, the percentage of community survey respondents who had heard of the RPC Innovation Project and who felt the RPC helped them to learn about mental health respite services increased over time. In both 2014 and 2015, most community survey respondents felt the RPC was improving services and outcomes among persons at risk for crisis. However, community survey respondents' awareness and perceptions of the RPC Innovation Project may not be generalizable to the wider Sacramento mental health community because of the small number of community survey respondents.

7.0 Respite Services Provided by RPC Grantees

The RPC Innovation Project developed a granting process to disperse grants over three funding rounds between 2013 and 2015. Seven community-based organizations received funds in the first two grant funding rounds (Exhibit 16).

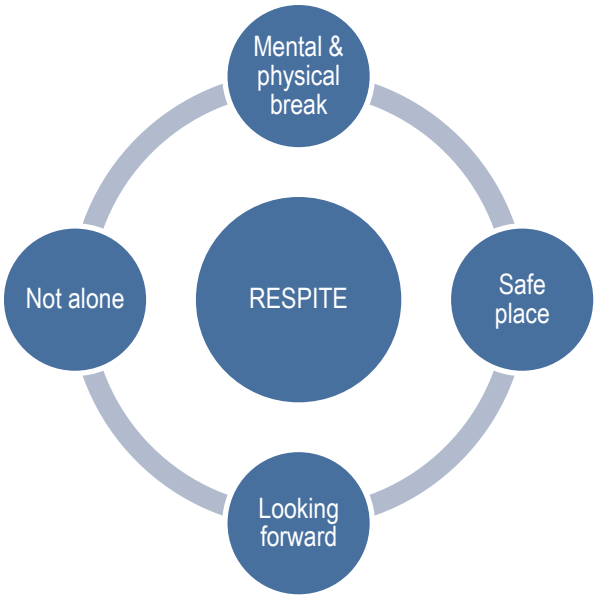
Exhibit 16. Organizations Funded as a Result of the Granting Process

Round 1 Grantees	Round 2 Grantees
▪ Capitol Adoptive Families Alliance ▪ Del Oro Caregiver Resource Center ▪ Iu-Mien Community Services ▪ Turning Point Community Programs, in partnership with Welcome Home Housing	▪ Saint John's Program for Real Change ▪ TLCS, Inc. ▪ [Third awardee name blinded for confidentiality][2]

This section summarizes findings from client and staff grantee interviews with Saint John's Program for Real Change and TLCS, Inc. We previously reported on Round 1 grantees; we focus here on findings from Round 2 grantees. We report on dimensions of respite, implementing respite services, and client outcomes, as discussed and reported by grantee staff and clients.

7.1 Dimensions of Respite

Exhibit 17. Dimensions of Respite Described by Grantee Staff and Clients



Although each grantee has a different approach to respite based on the population they serve, Round 1 interviews with grantees and staff helped us to identify four cross-cutting dimensions of

[2] This awardee's contract was terminated, as described above, under 4.2 Processes.

respite: (1) mental and physical break, (2) a safe place, (3) looking forward, and (4) being or feeling not alone. Dimensions are not separate and distinct from one another but rather feed into each other to create what we interpreted as an overall respite state of mind (Exhibit 17).

Interviews with Round 2 grantees further explored these concepts; although the same cross-cutting dimensions of respite hold true, the dimensions have different meanings to Round 2 grantees. In the section that follows, we describe each dimension of respite, how Round 2 grantees put the dimensions into practice, and provide perspectives from Round 2 grantee clients and staff on each dimension.

7.1.1 Mental and Physical Break

A period of time that provides physical distance or decreased exposure to emotional or physical stressor.

Similar to Round 1 grantees, TLCS, Inc. and Saint John's Program for Real Change provide clients with time and physical space away from their current situations. Clients in both programs include those with lived mental health experiences at risk for crisis. Saint John's Program for Real Change offers respite to women and to women with children in a temporary home-like environment for up to 10 days. TLCS, Inc. provides individuals in crisis up to 23 hours of respite.

Each of these programs offers clients a mental and physical break with the flexibility to customize their respite experience to best meet their needs. For example, at TLCS, Inc., clients can talk to staff or other clients, be alone in a quiet space, receive individual counseling, or use the phone and research services on the Internet.

Similar to Round 1 interviews, clients from Saint John's Program for Real Change and TLCS, Inc. describe respite as taking a mental and physical break. Clients describe respite as "peaceful," an opportunity to "reground," and a place where "you don't have a time frame."

7.1.2 Safe Place

"An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together."[13]

Although Round 1 grantees described respite as an emotional and physically safe place, Round 2 grantees focused on the physical safety they feel when receiving services. Grantees offer security by meeting clients' immediate, basic needs. For example, TLCS, Inc. offers clients under the influence of alcohol or drugs a safe place, thus protecting them from potential harm caused by being under the influence. TLCS, Inc. also provides taxi service to the facility to ensure that clients arrive without posing a risk to themselves or others.

As with Round 1 grantees, Saint John's Program for Real Change and TLCS, Inc. offer basic needs such as food and water, a place to sleep, and blankets for warmth to address the physical

well-being of residents and guests, particularly those experiencing an unstable living situation or homelessness. In the words of one client:

> *I had shelter. I was warm. I had blankets . . . . Water. I'm not drinking from a hose outside.*

Grantees also offer their clients a secure environment free of physical threats. For example, a staff member talked at length about having a locked front door:

> *We're the only door that is locked . . . there's people who have gone through horrible things like rape or assault or anything, and it's just knowing the fact that the door is locked and no one is going to come in without the staff knowing, it's just a lot of peace of mind.*

Not Alone

The realization that others face similar challenges to you and do not judge those challenges, your reactions to them, or means of coping.

Both clients and staff in Round 1 and Round 2 interviews raise the theme of being with others with similar challenges. Although Round 1 grantees expressed this as being "not alone," Round 2 grantees focused on "friendship" and "trust" they had in the staff to be able to share their stories. Two clients said they previously feared sharing their experiences, but now talked with staff about their feelings. One client said the following:

> *Even [the counselor] was here with me and we talked, and there were two staff members. It was painful to let him know what was going on. And the incredible thing that really, really impacted me, which was so cool, is that I was able to tell him, like an intimate man, like a friendship type of thing… just to have those people in my life is incredible. It's a huge growth for me. So that means I'm growing leaps and bounds and realizing that I am doing the deal instead of rocking back in a fetal position.*

Although TLCS, Inc. and Saint John's Program for Real Change offer a place for clients to gather, the focus is less on bringing communities together than it is on providing individuals opportunities to talk through their life experiences, current needs, and next steps with staff. At both TLCS, Inc. and Saint John's Program for Real Change, many staff have lived mental health experiences or are caregivers to someone with lived mental health experiences. At Saint John's Program for Real Change, up to 20% of staff members are graduates of the program.

7.1.3 Looking Forward

Being in a better emotional state and being able to look forward after receiving respite services.

Grantees expressed, in both Round 1 and Round 2 interviews, the theme of looking forward, of feeling more rejuvenated to focus on their individual goals. Clients and staff specified services provided by peers and professionals that helped them look forward (Exhibit 18).

Exhibit 18. Services Delivered by Peers and Professionals

Grantee	Client	Kinds of Services Delivered by Peers and Professionals
Saint John's Program for Real Change	Individual women and women with dependent children	Case managers and therapists who provide counseling and goal-setting; group meetings (e.g., Alcoholics Anonymous); professional development services (e.g., resume review)
TLCS, Inc.	Adults/older adults	Counseling

Another way in which grantees helped clients to look forward is providing them with the mobility to get to a better place physically and/or emotionally. For example, TLCS, Inc. provides taxi or bus service for clients away from the respite center "to where they feel they need to be after [doing the] due diligence of talking to that person at the other end." Saint John's Program for Real Change offers guests the ability to come and go from the premises and bus passes to attend appointments to help get them on their feet following their stay. In the words of one peer counselor:

> *The focus on the respite is really trying to help you figure out what your next step is. We don't want you here. We want you out meeting organizations that are going to help you with your next step. We want you making phone calls. You set up appointments to figure out whatever is going to help you. You can go and come as you please…*

Grantees also linked clients to other community organizations for additional support that may be needed beyond respite. Examples of organizations to which grantees referred their clients include mental health agencies and service providers, adoption agencies, board and care facilities, medical clinics, and domestic violence organizations.

The terms and language used by grantee staff and clients to describe *looking forward* illustrates the restorative nature of the respite services. Clients in particular described respite as preparing "to get back on my feet" and "realiz[ing] what I needed to do for my next step."

7.2 Implementing Respite Services

Round 2 interviews included specific questions to grantee staff on the key issues and lessons learned in implementing respite services at their organization. Themes emerged from the interviews include training staff, determining client services, and networking and outreaching.

7.2.1 Staff Training

Training and preparation to deliver direct services to clients.

Both Saint John's Program for Real Change and TLCS, Inc. described the need to extensively train staff prior to delivering respite services to clients. Trainings, depending on the need of the staff member, may include mental health 101, motivational interviewing, harm reduction, suicide assessment, trauma-informed care, working knowledge of community resources, and CPR and first aid. Although TLCS, Inc. provided 3 weeks of training to new staff members, Saint John's

Program for Real Change utilized staff from their other programs and provided training and individualized professional development.

Staff noted that although formal training is important, professional development also comes from experience on the ground and learning lessons along the way to provide better, more informed services the next time. One staff member shared the following:

> *We're forced to think on our feet quickly and we're not afraid to call 911 if we need to, because they have their role and we have ours. So, our training has prepared us for that and while our heart might race a little bit and while we might get nervous because sometimes in that moment, you might feel out of your element but we always have support.*

7.2.2 Determining Client Services

Client assessment, services, time, and housing.

Round 2 grantees expressed the importance of strategizing how to implement services as their clients have a "great range of needs." Strategies were put in place at the beginning of and throughout the program on how to assess clients for respite services, what services to offer, and the amount of staff time needed to accomplish set goals. A peer counselor describes this process as follows:

> *…how to assess respite, how I was going to work with respite, what services, how much time I was going to give each client at the very beginning. I was spending so much time with clients, we needed to really hone in on what were the services that we really needed to provide them.*

Both programs developed respite services as a place to get away as well as a place to help empower clients to become more independent. A staff member describes:

> *We really foster them to develop their own plan and for us to facilitate it, which goes in line with being independent and self-sustainable.*

Saint John's Program for Real Change anticipated clients staying for 6 to 7 days, but later realized most needed the full 14 days to stabilize and to develop a discharge plan. Training helped staff identify clients ready for discharge and to reduce stays to 10 days while maintaining integrity in client planning and safety. At TLCS, Inc., clients can stay up to 23 hours and return for services at any time when they are experiencing a mental health crisis.

Outside of respite, clients' needs are diverse and run from basic necessities, psychiatric therapy, medications, domestic violence counseling, services for individuals living with serious mental illness, and housing. A staff member noted:

> *Probably one of our biggest challenges was not becoming a shelter.*

During the first year of service, referral sources viewed TLCS, Inc. as an overnight shelter for homeless clients not experiencing a mental health crisis. Saint John's Program for Real Change also faced the tension between homelessness and respite as they noted losing a current living situation is one factor that triggers a mental health crisis. Both organizations worked conscientiously to provide respite for those experiencing a crisis and included homeless clients in those services without becoming or identifying as a homeless shelter. Another challenge is that homeless clients often do not have somewhere to go after respite. Both grantees discussed working with homeless clients having a mental health crisis and the need to look diligently for many short- and long-term housing options.

7.2.3 Outreach

Referrals, community outreach, networking

Round 2 grantees worked to establish networks at the beginning of the program. These outreach efforts informed the community at large of their services and built trust needed for agencies to refer clients to them. As a staff member from TLCS, Inc. expressed:

> *The greatest challenge in the beginning was getting our name out in the community—getting people to rely on us, getting agencies, hospitals, police to rely on us. Now we get a lot of calls from hospitals, from everywhere pretty much . . . I remember at the beginning, it was empty, it was hard. Oh, goodness, it was so quiet. Now, there's days when the phone is ringing and ringing and ringing and ringing.*

Establishing community support involved multiple phone calls with other agencies, face-to-face meetings, and presentations. Specifically, TLCS, Inc. hosted an open house, held a news conference, created a weekly newsletter, and participated in more than 100 outreach events and meetings. At TLCS, Inc., the director is the main outreach contact but encourages counselors to network with the community at large to promote the program. Saint John's Program for Real Change strengthened existing partnerships with other providers and conducted outreach by word of mouth and flyers at drug courts and mental health courts. With these tactics, both programs are often at full capacity. TLCS, Inc. expressed that ongoing outreach is necessary for the community to understand respite's purpose, to refer appropriate clients (those experiencing a mental health crisis and not a logistical crisis), and to use the available resources.

7.3 Client Outcomes, as Discussed and Reported by Grantee Staff and Clients

The next section presents perspectives from Round 2 grantees on the outcomes of their respite programs. These are self-reported outcomes come from 11 interviews (4 clients, 7 staff) and progress reports and are not intended to be generalizable to all respite services or clients.

Based on the RPC Innovation Project's logic model and grantee interviews, we grouped outcomes into categories: (a) intermediate outcomes that address utilization of respite services and client satisfaction with respite services, and (b) long-term outcomes that address emergency department (ED) visits, psychiatric hospitalizations, and institutionalization.

7.3.1 Intermediate Outcomes: Utilization and Client Satisfaction

All grantees provide utilization data to the RPC partners, including the number of people served (Exhibit 19).

Exhibit 19. Anticipated Versus Actual Number of Clients Served by Round 2 Grantees

Grantee	Anticipated Client Number	Actual Client Number
Saint John's Program for Real Change	210 unduplicated clients	78 unduplicated adults; 47 unduplicated children (October 2013 to September 2014)
TLCS, Inc.	1,000 to 1,500 unduplicated clients	687 clients (October 2013 to September 2014)

Note. Figures are derived from grantee scope of work, progress reports, yearend reports, and the organization's annual reports.

Both organizations experienced data collection challenges. Because of challenges with client's comprehension of survey questions, TLCS, Inc. may revise the survey questions to glean more accurate information from clients. Saint John's Program for Real Change also reported not collecting the surveys when clients leave suddenly.

Staff and clients reported during our interviews many positive experiences with respite services. Staff members from both organizations talked about the satisfaction of helping clients leave with positive experiences, such as with the following comment:

> *I love seeing somebody come in really at the height of their crisis and being able to navigate in 2, 3, 4, 6, 8, 10, 12 hours of their crisis and be refreshed and renewed by the experience. It's just amazing when people come up to the office and they're just like, "Oh, my God, I feel so good now. I'm ready to go home."*

Clients from both organizations reported having positive experiences. A client expressed the following:

> *I think that respite really saved my life because I had nowhere to go and that's what they do, and it just worked right out. I was willing to do whatever it took to move on to the next thing. I knew that was just a 2-week program, a 2-week stay and I was going to get the most out of it, and I did. A lot of things changed after that 2 weeks.*

7.3.2 Long-Term Outcomes: Emergency Department Visits, Psychiatric Hospitalizations, and Institutionalization

Both grantees assess clients upon entering and exiting the program. Saint John's Program for Real Change uses client reviews and psychosocial evaluations conducted by a case manager. Clients also fill out an evaluation at intake and conduct an exit interview. TLCS, Inc. completes an assessment over the phone and in person with clients when they arrive. Staff collect client data in an Access database that helps alert them to client concerns and issues.

Although both grantees have data collection systems in place, they do not currently have formal processes to measure long-term outcomes related to ED visits, psychiatric hospitalizations, and institutionalization. TLCS, Inc. tried asking clients how many times they have been hospitalized in a given time frame but found that clients do not remember or have difficulty tracking hospitalization or use of other community services. As a result, TLCS, Inc. is working to improve its data collection efforts.

A staff member commented on the unique ability that respite has to meet clients' needs in a way that hospitals cannot, as follows:

> *Eventually a lot of our guests are saying, well, I think I should just come here because I'm actually getting my needs met. Often I sit in the hospital for many, many hours, only to be told that I'm crazy and to be sent down the road, I can't help you, because say I'm not suicidal, but I am really having a crisis. Then they come here and they get listened to and they get personal attention and they get the opportunity to actually discuss what's on their mind. The hospitals don't always have time to do that and that is not what they're trained to do.*

When asked about long-term outcomes, clients interviewed at both organizations felt that the services they received helped them enhance their coping skills and manage issues before needing to go to the hospital. One client expressed the following:

> *I was suicidal when I got here. Between one and a five and five being way off the Richter scale, when I came here, it was like about between a three and four going to a five. And then when I got here, it went down to about a two and a three. By the time I left here, it was about a one and a two . . . I was able to regroup and refocus. I was able to get centered. I needed just to get away. And that's what I like about this, it's a respite.*

7.4 Sustainability Strategies Under Consideration

Sustainability strategies described during interviews with Round 2 grantees include seeking additional grant funding, looking for funding and collaborative opportunities with hospitals, as well as trimming costs (e.g., cutting one or more respite activities). One grantee discussed closing the respite service program all together and the other discussed the need to be fully funded at the current level to be effective. Further, the MHSA Steering Committee is discussing using MHSA funding to sustain grantee programs for Round 1 and Round 2 grantees after September 30, 2015. Respite programs may need to make shifts in their design to address system needs and align with MHSA funding and reporting requirements.

7.5 Discussion

The RPC Innovation Project funded six organizations in the first two rounds of funding to provide respite services to different communities in Sacramento County. Although services varied by organization to meet the needs of their specific population, we found cross-cutting dimensions of respite that were consistent across organizations. All the respite services helped clients to take a mental or physical break, gave clients a safe space to spend time, supported

clients in feeling not alone or being able to talk to a trusted staff member, and prepared clients to look forward beyond the time in respite.

Round 2 grantees provide valuable insight into key considerations and lessons learned in starting a respite program, including training staff, determining client services, providing respite to the homeless without becoming a homeless shelter, and understanding the importance of outreach and communication to the community and referral organizations.

Grantees had varying capability to study outcomes of their services. All grantees reported the most immediate outcomes showing utilization of respite services, and AIR interviews with clients and staff provided many instances of client experiences. It was more of a challenge for grantees to evaluate themselves on long-term outcomes on ED visits, psychiatric hospitalizations, and institutionalization. Given the size of these programs and the differences in their foci, some long-term outcomes may not be feasible for grantees to capture.

8.0 Next Steps

This second report for the RPC Innovation Project evaluation reflects data collected from document interviews, surveys, and interviews from July 2014 to March 2015 only. Subsequent evaluation reports will include final document reviews, surveys, and interviews with partners, RPC members, and grantees (Exhibit 20).

Exhibit 20. Approximate Evaluation Timeline

	2013		2014				2015				2016
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
RPC Document Review	•			•				•	•		•
RPC Interviews		•			•					•	•
RPC Survey		•				•				•	
Community Survey			•				•				
Grantee Document Review			•	•			•	•			•
Grantee Site Visits			•				•				•
Grantee Survey									•		

9.0 References

1. Mental Health Services Act, Section 3. Purpose and Intent. 2012 Dec [cited 2015 Jul 23]. Available from: http://www.mhsoac.ca.gov/docs/MHSA_AsAmendedIn2012_AB1467AndOthers_010813.pdf
2. California Department of Health Care Services. Enclosure 1: MHSA proposed guidelines for the innovation component of the county's three-year program and expenditure plan. 2009 Jan 30 [cited 2015 Jul 23]. Available from: http://www.dhcs.ca.gov/formsandpubs/Pages/MlH-InfoNotices-Archive2009.aspx
3. Mental Health Services Act, Section 9. Part 3.2 Innovative Programs. 2012 Dec [cited 2015 Jul 23]. Available from: http://www.mhsoac.ca.gov/docs/MHSA_AsAmendedIn2012_AB1467AndOthers_010813.pdf
4. County of Sacramento. Mental Health Services Act: innovation component of the 3-year program and expenditure plan. 2011 Jun [cited 2015 Jul 23]. Available from: http://www.sierrahealth.org/assets/Sacramento_County_INN_Plan_FFS.pdf
5. Wang G, Koester L, Farrar B, Manson K, Gilmore D, Lumby E, et al. Respite Partnership Collaborative (RPC) Innovation Project evaluation: report 1. 2014 Nov [cited 2015 Jul 23]. Available from: http://www.shfcenter.org/assets/RPC/RPC_Evaluation_Report_1_Final.pdf
6. Corrigan MB, Hambene J, Hudnut III W, Levitt RL, Stainback J, Ward R, et al. Ten principles for successful public/private partnerships. 2005 [cited 2015 Jul 23]. Available from: http://uli.org/wp-content/uploads/2005/01/TP_Partnerships.pdf
7. Crosby BC, Bryson JM, Integrative leadership and the creation and maintenance of cross-sector collaborations. The Leadership Quarterly. 2010;21(2):211-30.
8. Jacobson C, Choi SO, Success factors: public works and public-private partnerships. International Journal of Public Sector Management. 2008;21(6):637-57.
9. Woulfe J, Oliver JR, Zahner SJ, Siemering KQ. Multisector partnerships in population health improvement. Preventing Chronic Disease. 2010 [cited 2015 Jul 22];7(6):A119. Available from: http://www.cdc.gov/pcd/issues/2010/nov/10_0104.htm
10. Weiss ES, Anderson RM, Lasker RD, Making the most of collaboration: exploring the relationship between partnership synergy and partnership functioning. Health Educ Behav. 2002;29(6):683-98.
11. Head BW, Assessing network-based collaborations. Public Management Review. 2008;10(6):733-49.
12. Butterfoss FD, Process evaluation for community participation. Annu Rev Public Health. 2006;27:323-40.
13. Williams R, Cultural safety--what does it mean for our work practice? Aust N Z J Public Health. 1999;23(2):213-4.

Appendices

Appendix A.
RPC Member Survey Results

Note: Result findings that could easily identify a participant were redacted from the results.

Q1 Please indicate whether you are a past or current RPC member.

Answered: 16 Skipped: 0

Answer Choices	Responses	
Current RPC member	**100.00%**	16
Past RPC member	**0.00%**	0
Total Respondents: 16		

Q2 Please circle the role that fits you best. Circle only one.

Answered: 16 Skipped: 0

Answer Choices	Responses	
Health Professional	**18.75%**	3
Government official/staff or staff from a non-profit	**18.75%**	3
Individual with lived mental health experience	**18.75%**	3
Family member of an individual with lived mental health experience	**31.25%**	5
Other (please specify)	**12.50%**	2
Total		**16**

#	Other (please specify)	Date
1	Child welfare/foster care	10/21/2014 10:57 AM
2	CBO social services provider	10/14/2014 10:06 AM

Q3 Which stakeholders are currently NOT well represented on the RPC? Select the single stakeholder you think is most important to add to the RPC.

Answered: 16 Skipped: 0

Answer Choices	Responses	
Hospital Emergency Department	50.00%	8
Law Enforcement	43.75%	7
Hospital Council/Community Mental Health Partnership	25.00%	4
Juvenile Justice	25.00%	4
Transition Age Youth	25.00%	4
Alcohol and Other Drug Service Provider	18.75%	3
Child Welfare and/or Foster Care	18.75%	3
Foster Youth	18.75%	3
Veterans	18.75%	3
Cultural or Ethnic Community (please specify under other)	12.50%	2
Disability Organization	12.50%	2
Education	12.50%	2
Homeless, Lived Experience	12.50%	2
Homeless Service Organization	12.50%	2
Patient Rights Advocate	12.50%	2
Other (please specify)	12.50%	2
Aging and/or Older Service Provider	6.25%	1
Health Sector	6.25%	1
Organization Serving Children and Youth	6.25%	1
Nontraditional Mental Health Provider inclusive of peer-run services, spiritual healing and alternative medicine	6.25%	1
Persons with Disability	6.25%	1
All stakeholder types are currently well represented on the RPC	6.25%	1
Faith-Based Organizations	0.00%	0
Family Member of Individual with Lived Mental Health Experience	0.00%	0
Individual with Lived Mental Health Experience	0.00%	0
Mental Health Service Provider Association	0.00%	0
Total Respondents: 16		

#	Other (please specify)	Date

1	Native Americans & Deaf Community	10/24/2014 11:49 AM
2	CBO	10/14/2014 10:07 AM

Q4 Why do you think the stakeholder identified as most important to add to the RPC is not well represented at this time? (SELECT ALL THAT APPLY):

Answered: 15 Skipped: 1

Answer Choices	Responses	
The RPC never tried to involve them	13.33%	2
The RPC invited them but they chose not to participate	46.67%	7
They used to participate but dropped out	6.67%	1
The RPC cannot get access to representatives of this group	26.67%	4
The RPC as a whole is not sure that this group should be asked to join	0.00%	0
Resources are lacking to recruit new members	0.00%	0
Some RPC members do not want to share power with this group	0.00%	0
Respite is not a priority for this group	6.67%	1
Don’t know	40.00%	6
Total Respondents: 15		

Q5 In your opinion, do new members receive adequate orientation to be effective members of the RPC?

Answered: 16 Skipped: 0

Answer Choices	Responses	
No	0.00%	0
Yes	87.50%	14
Don't know	12.50%	2
Total		16

Q6 Please select how much influence you think these groups have in deciding on the actions and policies for the RPC.

Answered: 15 Skipped: 1

	No Influence	Some Influence	A Lot of Influence	Total	Weighted Average
Communication Committee	**66.67%** 10	**33.33%** 5	**0.00%** 0	15	1.00
Governance and Membership Committee	**6.67%** 1	**33.33%** 5	**60.00%** 9	15	1.00
Grantmaking and Evaluation Committee	**0.00%** 0	**21.43%** 3	**78.57%** 11	14	1.00
Sustainability, Public Policy, and Collaboration Commitee	**50.00%** 7	**50.00%** 7	**0.00%** 0	14	1.00
Sierra Health Foundation: Center for Health Program Management	**0.00%** 0	**13.33%** 2	**86.67%** 13	15	1.00
Sacramento County Division of Behavioral Health Services (DBHS)	**0.00%** 0	**20.00%** 3	**80.00%** 12	15	1.00
RPC facilitator	**0.00%** 0	**53.33%** 8	**46.67%** 7	15	1.00
RPC members	**0.00%** 0	**40.00%** 6	**60.00%** 9	15	1.00

Q7 Please select how much influence you personally have in making RPC decisions.

Answered: 15 Skipped: 1

Answer Choices	Responses	
No Influence	**0.00%**	0
Some Influence	**73.33%**	11
A Lot of Influence	**26.67%**	4
Total		**15**

Q8 How are decisions usually made regarding RPC priorities, policies and actions? (SELECT NO MORE THAN TWO):

Answered: 15 Skipped: 1

Answer Choices	Responses
RPC members discuss the issue and come to consensus	**53.33%** 8
RPC committees make final decisions	**6.67%** 1
Sierra Health Foundation: Center for Health Program Management staff members make final decisions	**6.67%** 1
Sacramento County Division of Behavioral Health Services (DBHS) staff members make final decisions	**6.67%** 1
Staff members from the Sierra Health Foundation: Center for Health Program Management and the Sacramento County Division of Behavioral Health Services (DBHS) make final decisions together	**20.00%** 3
RPC members, Sierra Health Foundation: Center for Health Program Management, and the Sacramento County Division of Behavioral Health Services (DBHS) make decisions together	**60.00%** 9
RPC facilitator makes final decisions	**0.00%** 0
Don’t know	**6.67%** 1
Total Respondents: 15	

Q9 How comfortable are you overall with the RPC decision-making process?

Answered: 15 Skipped: 1

Answer Choices	Responses	
Not at all comfortable	**0.00%**	0
Somewhat comfortable	**46.67%**	7
Very comfortable	**53.33%**	8
Total		**15**

Q10 How much conflict is there in the RPC?

Answered: 15 Skipped: 1

Answer Choices	Responses	
None	46.67%	7
Some	53.33%	8
A lot	0.00%	0
Don't Know	0.00%	0
Total		15

Q11 Select what best represents your opinion of how much conflict within the RPC was caused by each of the following factors:

Answered: 8 Skipped: 8

	None	Some	A Lot	Dont Know	Total	Weighted Average
Differences in opinion about the best strategies to achieve RPC goals and objectives	12.50% 1	87.50% 7	0.00% 0	0.00% 0	8	1.00
Personality clashes	12.50% 1	62.50% 5	12.50% 1	12.50% 1	8	1.00
Clashes among RPC members, Sierra Health Foundation: Center for Health Program Management , Sacramento County Division of Behavioral Health Services (DBHS), and/or the RPC facilitator	50.00% 4	12.50% 1	25.00% 2	12.50% 1	8	1.00
Fighting for resources	62.50% 5	37.50% 3	0.00% 0	0.00% 0	8	1.00
Differences in opinion about who gets public exposure and recognition	57.14% 4	28.57% 2	0.00% 0	14.29% 1	7	1.00
Procedures used for completing the work	37.50% 3	50.00% 4	12.50% 1	0.00% 0	8	1.00
Members aren’t sufficiently included in RPC processes/decision-making	25.00% 2	62.50% 5	12.50% 1	0.00% 0	8	1.00
Members haven’t completed their tasks or assignments before meetings	25.00% 2	62.50% 5	12.50% 1	0.00% 0	8	1.00
Members are not sufficiently prepared to make decisions at meetings	37.50% 3	37.50% 3	25.00% 2	0.00% 0	8	1.00
Member(s) who dominate the RPC meetings and impede proper collaboration	37.50% 3	50.00% 4	0.00% 0	12.50% 1	8	1.00

Q12 Please select the main strategy the RPC has used to address conflicts that occur.

Answered: 8 Skipped: 8

Answer Choices	Responses	
Open debate about opposing viewpoints	**75.00%**	6
Postponing or avoiding discussions of controversial issues	**12.50%**	1
Having a third party mediate between those with opposing viewpoints	**0.00%**	0
Having the opposing parties negotiate directly with each other	**0.00%**	0
One party to the conflict gives in	**0.00%**	0
Don’t know	**12.50%**	1
Total		**8**

Q13 Select the response that represents the amount of conflict in the RPC.

Answered: 8 Skipped: 8

Answer Choices	Responses	
More conflict than I expected	0.00%	0
Less conflict than I expected	50.00%	4
About as much conflict as I expected	50.00%	4
Total		8

Q14 Who provides leadership for the RPC? (Select only one)

Answered: 15 Skipped: 1

Answer Choices	Responses
Sierra Health Foundation: Center for Health Program Management, Sacramento County Division of Behavioral Health Services (DBHS), and RPC members provide leadership together	**60.00%** 9
Sierra Health Foundation: Center for Health Program Management and the Sacramento County Division of Behavioral Health Services (DBHS) provide leadership together	**20.00%** 3
Governance and Membership Committee	**13.33%** 2
Individual RPC members	**6.67%** 1
RPC Facilitator	**6.67%** 1
Communication Committee	**0.00%** 0
Grantmaking and Evaluation Committee	**0.00%** 0
Sustainability, Public Policy, and Collaboration Committee	**0.00%** 0
Sacramento County Division of Behavioral Health Services (DBHS)	**0.00%** 0
Sierra Health Foundation: Center for Health Program Management	**0.00%** 0
Don’t Know	**0.00%** 0
Other (please specify)	**0.00%** 0
Total Respondents: 15	

#	Other (please specify)	Date
	There are no responses.	

Q15 Please select how much you agree or disagree with each statement.

Answered: 15 Skipped: 1

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total	Weighted Average
RPC members have many opportunities to have leadership roles on the RPC	**0.00%** 0	**20.00%** 3	**40.00%** 6	**40.00%** 6	**0.00%** 0	15	1.00
RPC members take responsibility for getting the work done	**0.00%** 0	**6.67%** 1	**80.00%** 12	**13.33%** 2	**0.00%** 0	15	1.00
Sacramento County Division of Behavioral Health Services (DBHS), Sierra Health Foundation: Center for Health Program Management, and RPC members work collaboratively	**0.00%** 0	**0.00%** 0	**60.00%** 9	**40.00%** 6	**0.00%** 0	15	1.00
The RPC utilizes the skills and talents of many, not just a few	**0.00%** 0	**33.33%** 5	**53.33%** 8	**13.33%** 2	**0.00%** 0	15	1.00

Q16 Please indicate how well defined the roles are for each of the following parties.

Answered: 15 Skipped: 1

	Not well defined	Somewhat defined	Very well defined	Don't Know	Total	Weighted Average
Communication Committee	**46.67%** 7	**13.33%** 2	**20.00%** 3	**20.00%** 3	15	1.00
Governance and Membership Committee	**0.00%** 0	**13.33%** 2	**80.00%** 12	**6.67%** 1	15	1.00
Grantmaking and Evaluation Committee	**0.00%** 0	**0.00%** 0	**86.67%** 13	**13.33%** 2	15	1.00
Sustainability, Public Policy, and Collaboration Committee	**26.67%** 4	**26.67%** 4	**13.33%** 2	**33.33%** 5	15	1.00
RPC facilitator	**0.00%** 0	**0.00%** 0	**100.00%** 15	**0.00%** 0	15	1.00
Sacramento County Division of Behavioral Health Services (DBHS)	**6.67%** 1	**20.00%** 3	**73.33%** 11	**0.00%** 0	15	1.00
Sierra Health Foundation: Center for Health Program Management	**0.00%** 0	**6.67%** 1	**93.33%** 14	**0.00%** 0	15	1.00
RPC members	**0.00%** 0	**40.00%** 6	**60.00%** 9	**0.00%** 0	15	1.00

Q17 Please mark how much you agree or disagree with the following statements about RPC co-chairs (who are also RPC members).

Answered: 15 Skipped: 1

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total	Weighted Average
RPC co-chairs have a lot of influence in deciding on the actions and policies for the RPC Innovation Project.	0.00% 0	33.33% 5	53.33% 8	13.33% 2	15	1.00
RPC co-chairs make final decisions about RPC Innovation Project priorities, policies and actions	0.00% 0	53.33% 8	40.00% 6	6.67% 1	15	1.00
RPC co-chairs provide leadership for the RPC Innovation Project.	6.67% 1	20.00% 3	66.67% 10	6.67% 1	15	1.00
RPC co-chair roles are well defined.	0.00% 0	40.00% 6	60.00% 9	0.00% 0	15	1.00

Q18 Please select how much you agree or disagree with the following statements.

Answered: 15 Skipped: 1

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total	Weighted Average
I am comfortable requesting assistance from the other RPC members when I feel their input could be of value	0.00% 0	6.67% 1	60.00% 9	33.33% 5	0.00% 0	15	1.00
I am comfortable expressing my point of view even if other RPC members might disagree	0.00% 0	0.00% 0	53.33% 8	46.67% 7	0.00% 0	15	1.00
I am comfortable bringing up new ideas at RPC meetings	0.00% 0	13.33% 2	40.00% 6	46.67% 7	0.00% 0	15	1.00
My opinion is listened to and considered by other members	0.00% 0	20.00% 3	20.00% 3	60.00% 9	0.00% 0	15	1.00

Q19 Please indicate how much you agree or disagree with the following statements.

Answered: 15 Skipped: 1

	Strongly disagree	Disagree	Agree	Strongly Agree	Don't Know	Total	Weighted Average
RPC facilitator is respected by others in the RPC	0.00% 0	0.00% 0	40.00% 6	60.00% 9	0.00% 0	15	1.00
Sacramento County Division of Behavioral Health Services (DBHS) is respected by others in the RPC	0.00% 0	0.00% 0	60.00% 9	40.00% 6	0.00% 0	15	1.00
Sierra Health Foundation: Center for Health Program Management is respected by others in the RPC	0.00% 0	0.00% 0	46.67% 7	53.33% 8	0.00% 0	15	1.00
The RPC is respected in the community	0.00% 0	6.67% 1	26.67% 4	20.00% 3	46.67% 7	15	1.00

Q20 Please select how much you agree or disagree with the following statements.

Answered: 15 Skipped: 1

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total	Weighted Average
The RPC has a clear and shared understanding of the problems we are trying to address	**0.00%** 0	**20.00%** 3	**53.33%** 8	**26.67%** 4	**0.00%** 0	15	1.00
There is a general agreement with respect to the mission of the RPC	**0.00%** 0	**0.00%** 0	**66.67%** 10	**33.33%** 5	**0.00%** 0	15	1.00
The RPC agrees on the strategies it should use in pursuing its priorities	**0.00%** 0	**20.00%** 3	**60.00%** 9	**20.00%** 3	**0.00%** 0	15	1.00
The RPC charter defines well the roles, responsibilities and timelines for conducting the activities that work towards achieving the stated mission of the RPC	**0.00%** 0	**0.00%** 0	**73.33%** 11	**20.00%** 3	**6.67%** 1	15	1.00

Q21 Please select whether the following functions are major, minor, not a function, or you don't know. The functions of the RPC are to:

Answered: 15 Skipped: 1

	Not a Function	A Minor Function	A Major Function	Don't Know	Total	Weighted Average
Network with other professionals	13.33% 2	33.33% 5	53.33% 8	0.00% 0	15	1.00
Network with concerned citizens	13.33% 2	33.33% 5	53.33% 8	0.00% 0	15	1.00
Conduct strategic planning	20.00% 3	13.33% 2	53.33% 8	13.33% 2	15	1.00
Make decisions about priority needs and problems	6.67% 1	13.33% 2	80.00% 12	0.00% 0	15	1.00
Recommend or make decisions to allocate resources	0.00% 0	0.00% 0	100.00% 15	0.00% 0	15	1.00
Operate particular programs or activities	73.33% 11	13.33% 2	13.33% 2	0.00% 0	15	1.00
Advocate for local public policy objectives	20.00% 3	46.67% 7	20.00% 3	13.33% 2	15	1.00
Advocate for state public policy objectives	26.67% 4	33.33% 5	20.00% 3	20.00% 3	15	1.00
Provide funding for programs	20.00% 3	6.67% 1	73.33% 11	0.00% 0	15	1.00
Raise funds to sustain long-term RPC activities	60.00% 9	20.00% 3	13.33% 2	6.67% 1	15	1.00

Q22 How long have you been part of the RPC?

Answered: 15 Skipped: 1

Answer Choices	Responses	
LESS THAN 1 YEAR	**13.33%**	2
1 YEAR OR MORE	**86.67%**	13
DON'T KNOW	**0.00%**	0
NOT APPLICABLE	**0.00%**	0
Total		**15**

Q23 Over the past year, how involved have you been in RPC activities?

Answered: 15 Skipped: 1

Answer Choices	Responses	
Not at all involved	**0.00%**	0
A little involved	**6.67%**	1
Fairly involved	**46.67%**	7
Very involved	**46.67%**	7
Total		**15**

Q24 Please select how many times over the last year you personally have done the following for the RPC:

Answered: 15 Skipped: 1

	Never	Rarely (1-2 times)	Sometimes (3-4 times)	Often (5+ times)	Not Applicable	Total	Weighted Average
Set RPC meeting agendas	53.33% 8	26.67% 4	0.00% 0	13.33% 2	6.67% 1	15	1.00
Attend full RPC meetings	0.00% 0	0.00% 0	14.29% 2	85.71% 12	0.00% 0	14	1.00
Set committee meeting agendas	60.00% 9	20.00% 3	0.00% 0	13.33% 2	6.67% 1	15	1.00
Attend committee meetings	0.00% 0	13.33% 2	46.67% 7	40.00% 6	0.00% 0	15	1.00
Facilitate meetings	60.00% 9	33.33% 5	0.00% 0	6.67% 1	0.00% 0	15	1.00
Develop options for the full RPC to consider	28.57% 4	42.86% 6	14.29% 2	14.29% 2	0.00% 0	14	1.00
Make recommendations to the RPC	20.00% 3	26.67% 4	33.33% 5	20.00% 3	0.00% 0	15	1.00
Monitor RPC budget	73.33% 11	6.67% 1	20.00% 3	0.00% 0	0.00% 0	15	1.00
Develop options about funding priorities	40.00% 6	26.67% 4	13.33% 2	20.00% 3	0.00% 0	15	1.00
Make decisions about funding priorities in response to options	13.33% 2	20.00% 3	40.00% 6	26.67% 4	0.00% 0	15	1.00
Monitor grants	73.33% 11	6.67% 1	13.33% 2	6.67% 1	0.00% 0	15	1.00
Maintain relationships with grantees	33.33% 5	46.67% 7	20.00% 3	0.00% 0	0.00% 0	15	1.00
Worked on implementing activities or events sponsored by the RPC (other than RPC meetings)	53.33% 8	6.67% 1	26.67% 4	13.33% 2	0.00% 0	15	1.00
Recruited new members	33.33% 5	33.33% 5	13.33% 2	20.00% 3	0.00% 0	15	1.00
Served as a spokesperson	46.67% 7	13.33% 2	20.00% 3	20.00% 3	0.00% 0	15	1.00
Attempted to get outside support for RPC positions on key issues	53.33% 8	20.00% 3	13.33% 2	13.33% 2	0.00% 0	15	1.00
Worked on implementing activities or events sponsored by the RPC (other than RPC meetings)	40.00% 6	33.33% 5	6.67% 1	20.00% 3	0.00% 0	15	1.00
Attempted to get organizations to submit proposals for funding	26.67% 4	33.33% 5	20.00% 3	20.00% 3	0.00% 0	15	1.00
Acquired funding or other resources for the RPC	86.67% 13	6.67% 1	0.00% 0	6.67% 1	0.00% 0	15	1.00

Q25 Please select to what extent each of the following has been a benefit to your participation on the RPC.

Answered: 15 Skipped: 1

	No Benefit	A Little Benefit	Some Benefit	Great Benefit	Not Applicable	Total	Weighted Average
Increasing my professional skills and knowledge	0.00% 0	6.67% 1	53.33% 8	40.00% 6	0.00% 0	15	1.00
Developing personal connections with individual RPC members	0.00% 0	20.00% 3	20.00% 3	60.00% 9	0.00% 0	15	1.00
Getting access to key organizations	20.00% 3	20.00% 3	26.67% 4	33.33% 5	0.00% 0	15	1.00
Developing professional networks with key organizations	6.67% 1	33.33% 5	20.00% 3	40.00% 6	0.00% 0	15	1.00
Getting access to key policy makers	33.33% 5	33.33% 5	0.00% 0	26.67% 4	6.67% 1	15	1.00
Developing collaborative relationships with key policy makers	33.33% 5	33.33% 5	6.67% 1	20.00% 3	6.67% 1	15	1.00
Increasing my sense that others share my goals and concerns	0.00% 0	14.29% 2	28.57% 4	57.14% 8	0.00% 0	14	1.00
Getting support for policy issues I feel strongly about	40.00% 6	13.33% 2	20.00% 3	26.67% 4	0.00% 0	15	1.00
Giving back to my community	0.00% 0	0.00% 0	13.33% 2	86.67% 13	0.00% 0	15	1.00

Q26 Please select to what extent each of the following have been problems for your participation in the RPC.

Answered: 15 Skipped: 1

	No Problem	Minor Problem	A Major Problem	Not Applicable	Total	Weighted Average
RPC activities do not reach my primary constituency	46.67% 7	20.00% 3	20.00% 3	13.33% 2	15	1.00
Working on the RPC doesn't get me or my organization enough public recognition	46.67% 7	26.67% 4	0.00% 0	26.67% 4	15	1.00
My skills and time are not well-used	46.67% 7	20.00% 3	26.67% 4	6.67% 1	15	1.00
My opinion is not valued	66.67% 10	26.67% 4	0.00% 0	6.67% 1	15	1.00
The RPC is not taking any meaningful action	80.00% 12	6.67% 1	0.00% 0	13.33% 2	15	1.00
I am often the only voice representing my viewpoint	46.67% 7	33.33% 5	6.67% 1	13.33% 2	15	1.00
There are too many meetings	13.33% 2	53.33% 8	20.00% 3	13.33% 2	15	1.00
Meetings are too long	40.00% 6	33.33% 5	13.33% 2	13.33% 2	15	1.00
The time commitments for RPC activities outside of meetings are too high	20.00% 3	53.33% 8	13.33% 2	13.33% 2	15	1.00
The financial burden of being part of the RPC is too high	53.33% 8	26.67% 4	6.67% 1	13.33% 2	15	1.00
The RPC is competing with other groups with similar missions	73.33% 11	6.67% 1	6.67% 1	13.33% 2	15	1.00
There is a conflict of interest between my organization and the work of the RPC	66.67% 10	6.67% 1	6.67% 1	20.00% 3	15	1.00

Q27 What does community driven mean to you?

Answered: 13 Skipped: 3

#	Responses	Date
1	Ideas should be started at the community level and brought forward from there, and be the basis for the way the system is operating	11/14/2014 10:05 PM
2	That all members of the community work toward a common goal	11/13/2014 2:07 PM
3	led by members of the mental health community	10/28/2014 9:37 PM
4	The community identifies the priorities and then provides oversight to ensure that priorities are being met.	10/28/2014 11:07 AM
5	The community is in the driver's seat.	10/24/2014 12:13 PM
6	Community driven process is the inclusion of all stakeholders, from the consumer to transortation provider all in between	10/23/2014 11:34 AM
7	The community makes the major decisions	10/21/2014 12:22 PM
8	Community collaboration and advocacy on behalf of their stakeholders with the government agency to improve and innovate appropriate process to achieve the desired outcomes. It is also a great learning experience to learn from positive gains or unplanned expectations	10/20/2014 2:12 PM
9	Community members are a part of the process.	10/15/2014 7:27 PM
10	Various stakeholders or cultural brokers coming together to drive a process forward	10/14/2014 4:38 PM
11	as many representatives from various constituencies impacted by mental health programs are given an opportunity to voice opinions about brainstorming, designing and implementing respite care programs and their funding.	10/14/2014 12:24 PM
12	Slavic Community	10/14/2014 11:03 AM
13	That we fight for to meet the needs of community members and not our own.	10/14/2014 10:26 AM

Q28 Please mark how important it is for RPC members to engage in the following activities as part of a community driven process.

Answered: 15 Skipped: 1

	Not at all important	Somewhat important	Very important	Don't Know	Total	Weighted Average
Recruit new members	6.67% 1	20.00% 3	73.33% 11	0.00% 0	15	1.00
Serve as a spokesperson	0.00% 0	26.67% 4	73.33% 11	0.00% 0	15	1.00
Set RPC meeting agendas	6.67% 1	40.00% 6	53.33% 8	0.00% 0	15	1.00
Attend full RPC meetings	0.00% 0	13.33% 2	86.67% 13	0.00% 0	15	1.00
Set committee meeting agendas	6.67% 1	46.67% 7	40.00% 6	6.67% 1	15	1.00
Attend committee meetings	0.00% 0	20.00% 3	80.00% 12	0.00% 0	15	1.00
Facilitate meetings	26.67% 4	26.67% 4	46.67% 7	0.00% 0	15	1.00
Determining RPC structure and processes	0.00% 0	33.33% 5	66.67% 10	0.00% 0	15	1.00
Develop options for the full RPC to consider	0.00% 0	20.00% 3	80.00% 12	0.00% 0	15	1.00
Make recommendations to the RPC	0.00% 0	13.33% 2	86.67% 13	0.00% 0	15	1.00
Make decisions in response to options	0.00% 0	13.33% 2	86.67% 13	0.00% 0	15	1.00
Monitor RPC budget	6.67% 1	20.00% 3	60.00% 9	13.33% 2	15	1.00
Attempt to get organizations to submit proposals for funding	13.33% 2	13.33% 2	73.33% 11	0.00% 0	15	1.00
Develop options about funding priorities	6.67% 1	20.00% 3	73.33% 11	0.00% 0	15	1.00
Make decisions about funding priorities in response to options	6.67% 1	20.00% 3	73.33% 11	0.00% 0	15	1.00
Monitor grants	0.00% 0	26.67% 4	66.67% 10	6.67% 1	15	1.00
Maintain relationships with grantees	0.00% 0	21.43% 3	71.43% 10	7.14% 1	14	1.00
Worked on implementing activities or events sponsored by the RPC (other than RPC meetings)	0.00% 0	38.46% 5	61.54% 8	0.00% 0	13	1.00

#	Other (please specify)	Date
1	Determion options and bring them forward	11/14/2014 10:05 PM
2	community guests attend RPC meetings	10/21/2014 11:19 AM

Q29 Please circle a number to show how much you agree or disagree with the following statement:The RPC Innovation Project is community-driven.

Answered: 14 Skipped: 2

Answer Choices	Responses	
Strongly Disagree	**0.00%**	0
Disagree	**7.14%**	1
Agree	**78.57%**	11
Strongly Agree	**14.29%**	2
Don't Know	**0.00%**	0
Total		**14**

Q30 Do you feel you have adequate knowledge about respite care services to function effectively in the RPC?

Answered: 15 Skipped: 1

Answer Choices	Responses	
No	0.00%	0
Yes	100.00%	15
Total		15

Q31 Has the RPC helped you learn more about respite care services?

Answered: 15 Skipped: 1

Answer Choices	Responses	
No	0.00%	0
Yes	100.00%	15
Total		15

Q32 How do you define respite care services?

Answered: 11 Skipped: 5

#	Responses	Date
1	A break from life when overstressed or overwhelmed.	11/14/2014 10:07 PM
2	a safe place and time to get rest, help, and relief from a stressful caregiving situation or a mental health crisis	10/28/2014 9:40 PM
3	Providing a safe environment for individuals/families to take a break.	10/28/2014 11:08 AM
4	A multitude of planned & unplanned services poised to provide relief, community support, & a safety net for Sac. community.	10/24/2014 12:18 PM
5	A safe and welcoming environment that caters to my urgent mental health needs including but not limited housing, medicationsupoort, etc.	10/23/2014 11:36 AM
6	services that give someone a break and help them improve their own mental health	10/21/2014 12:22 PM
7	Respite services accessible to consumers and families who are experiencing a MH crisis.	10/21/2014 11:23 AM
8	A respite services are based on individual or community needs. Therefore, respite services need to cater the needs of specific population with their cultural and ethnic preferred services in particular to prevent ER visits in sac county	10/20/2014 2:17 PM
9	Deferring the crisis	10/15/2014 7:27 PM
10	alternative to ER treatment/inpatient hospitalization that support a person with stabilizing their mental health.	10/14/2014 12:25 PM
11	Temporary services that assist with life long stability	10/14/2014 10:28 AM

Q33 Has the RPC brought benefit to your community?

Answered: 14 Skipped: 2

Answer Choices	Responses	
No	7.14%	1
Yes	78.57%	11
Don't know	14.29%	2
Total		14

Q34 Please select how much you agree or disagree with the following statements.

Answered: 14 Skipped: 2

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total	Weighted Average
The RPC is making progress in implementing the activities that have potential to improve respite care services.	**0.00%** 0	**21.43%** 3	**42.86%** 6	**35.71%** 5	**0.00%** 0	14	1.00
The RPC is essential to the improvement of respite care services in Sacramento County.	**0.00%** 0	**7.14%** 1	**42.86%** 6	**35.71%** 5	**14.29%** 2	14	1.00
One or a small number of people or agencies could make significant progress in respite care services without the RPC.	**0.00%** 0	**35.71%** 5	**28.57%** 4	**21.43%** 3	**14.29%** 2	14	1.00
The RPC is improving mental health outcomes for people at risk of experiencing crises.	**0.00%** 0	**0.00%** 0	**42.86%** 6	**35.71%** 5	**21.43%** 3	14	1.00
The RPC is helping grantees to continue offering respite services after RPC funding ends.	**0.00%** 0	**35.71%** 5	**21.43%** 3	**7.14%** 1	**35.71%** 5	14	1.00

Q35 Are there any critical events over the past year that have had an impact on the RPC? Please describe.

Answered: 7 Skipped: 9

#	Responses	Date
1	The foundation has overstepped it's role and driven the process without the RPC's input.	11/14/2014 10:11 PM
2	Loss of some key individuals on the RPC has affected the RPC but it has recovered and others have filled the gap	10/28/2014 9:43 PM
3	Lack of sustainable funding, lack ok community education re: respite care	10/23/2014 11:37 AM
4	No	10/15/2014 7:28 PM
5	no	10/14/2014 4:40 PM
6	violent incidents involving people living with mental illness place more pressure on the community to hospitalize/lock up these individuls and not be as open to considering respite services due to possible liability.	10/14/2014 12:26 PM
7	Reliced fouding are to smoll to setup programs.	10/14/2014 11:07 AM

Appendix B.
RPC Community Survey Results

Q1 Have you ever heard of the Respite Partnership Collaborative, or RPC?

Answered: 43 Skipped: 0

Answer Choices	Responses	
No	**23.26%**	10
Yes	**76.74%**	33
Don't know	**0.00%**	0
Total		**43**

Q2 Please select whether the following functions are major, minor, not a function, or you don't know. The functions of the RPC are to:

Answered: 37 Skipped: 6

	Not a Function	A Minor Function	A Major Function	Don't Know	Total	Weighted Average
Network with other professionals	**8.11%** 3	**18.92%** 7	**37.84%** 14	**35.14%** 13	37	1.00
Network with concerned citizens	**10.81%** 4	**13.51%** 5	**29.73%** 11	**45.95%** 17	37	1.00
Conduct strategic planning	**2.78%** 1	**5.56%** 2	**52.78%** 19	**38.89%** 14	36	1.00
Make decisions about priority needs and problems	**0.00%** 0	**2.70%** 1	**56.76%** 21	**40.54%** 15	37	1.00
Recommend or make decisions to allocate resources	**0.00%** 0	**5.56%** 2	**58.33%** 21	**36.11%** 13	36	1.00
Operate particular programs or activities	**27.78%** 10	**5.56%** 2	**27.78%** 10	**38.89%** 14	36	1.00
Advocate for local public policy objectives	**13.51%** 5	**21.62%** 8	**27.03%** 10	**37.84%** 14	37	1.00
Advocate for state public policy objectives	**13.51%** 5	**27.03%** 10	**18.92%** 7	**40.54%** 15	37	1.00
Provide funding for programs	**13.89%** 5	**5.56%** 2	**38.89%** 14	**41.67%** 15	36	1.00
Raise funds to sustain long-term RPC activities	**27.03%** 10	**5.41%** 2	**16.22%** 6	**51.35%** 19	37	1.00

Q3 Has the RPC helped you learn more about mental health respite care services?

Answered: 36 Skipped: 7

Answer Choices	Responses	
No	**30.56%**	11
Yes	**47.22%**	17
Don't know	**22.22%**	8
Total		**36**

Q4 How do you define mental health respite care services? What kinds of services, from your perspective, fall under the heading of respite care?

Answered: 26 Skipped: 17

#	Responses	Date
1	Services that provide a safe space for people who are vulnerable so that they are able stabilize without needing crisis services	4/3/2015 12:17 PM
2	Emergency care for those needing someplace to land without going to the ER.	4/3/2015 12:03 PM
3	Short term care to provide support and resources to individuals in need of respite.	4/2/2015 4:55 PM
4	Respite programs similar to the services provided by TLCS and Turning Point that provide alternatives to psychiatric hospitalizations.	4/2/2015 4:50 PM
5	Respite care requires a safe environment, staff skilled in dealing with a variety of serious mental health issues and sufficient activities for the individual to engage in while in respite care.	3/18/2015 1:12 PM
6	For people who need a place to go to help them to work through a severe enough incident in their life that they feel they can not handle on their own.	3/18/2015 12:46 PM
7	A needed service nationwide.	3/18/2015 12:43 PM
8	provision of an evironment where everyday living pressures are reduced to a minimum and access to needed services can be facilitated	3/18/2015 11:20 AM
9	giving caregivers a break before a crisis happens	3/18/2015 11:02 AM
10	Respite for caregivers, clients on a time limited basis.	3/18/2015 10:59 AM
11	When a family has a member with severe mental health challenges that required a great deal of care, the caregiver can receive a break in providing care so they have time to take care of themselves.	3/12/2015 11:08 AM
12	Respite is like a "Time-Out" from life. Some services include: a place to go to, activities to give yourself a vacation for your brain, and having someone there to support you.	3/12/2015 8:46 AM
13	I believe that respite care services are intended to (1) help relieve caregivers who are overwhelmed and (2) give individuals an option to receive treatment in a welcoming environment that is not a hospital.	3/11/2015 4:53 PM
14	time for care givers and clients to refresh, get support, resources and be with others	3/10/2015 7:33 PM
15	Crisis support for individuals experiencing symptoms of mental illness or caring for someone with mental illness. Respite homes, walk in centers, warm lines, sponsorship, rehab clinics, detox centers, emergency foster care. Or what if a caregiver could stay in a local hotel for a night or two, while a trained professional ran the house for awhile. I know it's a crazy idea in terms of liablity, condition of the home, what is a worker got harmed by the family dog, virtually anything could go wrong. Although, my premise being- in what way can a caregiver get respite without taking the children or disabled adult away-, thus furthering the stigma that they are the "problem" and removing them from a familiar environment. What if there was a law allowing family member's to take off work suddenly, such as there is for jury duty, to provide respite for a family member.? I would vote for that.	3/10/2015 3:38 PM
16	This is defined by consumers. What is their idea of respite care? A service that provides alternatives to people who have or experience mental health symptoms as an alternative to psychiatric hospitalization or other more formal crisis supports.	3/10/2015 3:16 PM
17	Mental Health respite care is a safe place a person can go to receive services, relax, cool off, or just take a break. Basic mental health services and resources for various needs.	3/10/2015 2:56 PM
18	up to 23 hours away from day-to-day stress & pressures to relax and talk with people who are sensitive to the issues you are facing. Also, to get referrals to appropriate mental health services	3/10/2015 2:54 PM
19	diversion from hospitalization	3/10/2015 2:51 PM
20	A place to go when a person in need of increased support can go to take a time away from stressors and get help as an alternative to hospitalization	3/10/2015 2:41 PM

21	Youth and TAY consumers with mental health diagnoses (fringe populations like runaways, homeless, LGBT...) may find locations that support their community needs, counseling.	3/10/2015 1:47 PM
22	time out for clients, family and caregivers; may be overnight or short term; prevent hospitalization or decompensation	3/10/2015 11:58 AM
23	Place and services for families to support prevention and during times of crisis	3/10/2015 11:52 AM
24	Services that provide a reprieve for persons experiencing a crisis or their care providers.	3/10/2015 11:49 AM
25	To provide temporary services that prevent hospitalization of individuals	3/10/2015 11:40 AM
26	Care that provides a break from stressors or conditions that unaddressed may result in a need for more acute crisis services. Includes overnight and/or multiple day placement and supportive services such as counseling, crisis prevention planning, linkage to resources.	3/10/2015 11:37 AM

Q5 Has the RPC been responsible for activities or programs that otherwise would not have occurred?

Answered: 35 Skipped: 8

Answer Choices	Responses	
No	5.71%	2
Yes	48.57%	17
Don't know	45.71%	16
Total		35

Q6 Please select how much you agree or disagree with the following statements.

Answered: 36 Skipped: 7

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Total	Weighted Average
The RPC is making progress in implementing the activities that have potential to improve respite services	**0.00%** 0	**0.00%** 0	**41.67%** 15	**16.67%** 6	**41.67%** 15	36	1.00
The RPC is improving mental health outcomes for people at risk of experiencing crises	**0.00%** 0	**0.00%** 0	**28.57%** 10	**20.00%** 7	**51.43%** 18	35	1.00
The RPC is essential to the improvement of respite care services in Sacramento County	**0.00%** 0	**5.56%** 2	**27.78%** 10	**19.44%** 7	**47.22%** 17	36	1.00
One or a small number of people or agencies could make significant progress in respite care services without the RPC	**2.78%** 1	**16.67%** 6	**13.89%** 5	**11.11%** 4	**55.56%** 20	36	1.00

Q7 Please indicate the stakeholder perspectives you represent. Select all that apply.

Answered: 34 Skipped: 9

Answer Choices	Responses	
Alcohol and Other Drug Service Provider	2.94%	1
Aging and/or Older Service Provider	8.82%	3
Child Welfare and/or Foster Care	26.47%	9
Cultural or Ethnic Community	17.65%	6
Disability Organization	2.94%	1
Education	0.00%	0
Faith-Based Organizations	0.00%	0
Family Member of Individual with Lived Mental Health Experience	23.53%	8
Foster Youth	20.59%	7
Health Sector	0.00%	0
Homeless, Lived Experience	2.94%	1
Homeless Service Organization	2.94%	1
Hospital Council/Community Mental Health Partnership	0.00%	0
Hospital Emergency Department	0.00%	0
Individual with Lived Mental Health Experience	11.76%	4
Juvenile Justice	11.76%	4
Law Enforcement	2.94%	1
Mental Health Service Provider Association	50.00%	17
Organization Serving Children and Youth	38.24%	13
Nontraditional Mental Health Provider inclusive of peer-run services, spiritual healing and alternative medicine	0.00%	0
Patient Rights Advocate	2.94%	1
Persons with Disability	11.76%	4
Transition Age Youth	38.24%	13
Veterans	0.00%	0
None of the above	2.94%	1
Total Respondents: 34		

#	Other (please specify)	Date
1	Parents of children and youth under 18	3/18/2015 11:04 AM
2	Psychiatric Health Facility	3/11/2015 10:39 AM

3	Mental Health Board	3/10/2015 2:58 PM

Q8 Your gender:

Answered: 35 Skipped: 8

Answer Choices	Responses	
Female	**80.00%**	28
Male	**20.00%**	7
Transgender	**0.00%**	0
Total		**35**

Q9 Your race: (Choose all that apply)

Answered: 34 Skipped: 9

Answer Choices	Responses	
African American or Black	**11.76%**	4
White	**76.47%**	26
Asian or Asian American	**2.94%**	1
Native Hawaiian or other Pacific Islander	**0.00%**	0
Native American	**8.82%**	3
Other Race	**14.71%**	5
Total Respondents: 34		

Q10 Are you Latino or Hispanic?

Answered: 34 Skipped: 9

Answer Choices	Responses	
Yes	**14.71%**	5
No	**85.29%**	29
Total		**34**

Q11 Your age at last birthday

Answered: 33 Skipped: 10

Answer Choices	Average Number	Total Number	Responses
AGE	51	1,682	33
Total Respondents: 33			

#	AGE	Date
1	53	4/6/2015 9:15 AM
2	45	4/3/2015 12:18 PM
3	56	4/3/2015 12:04 PM
4	45	4/2/2015 4:56 PM
5	59	4/2/2015 4:51 PM
6	36	3/18/2015 2:04 PM
7	66	3/18/2015 1:14 PM
8	63	3/18/2015 12:49 PM
9	53	3/18/2015 12:48 PM
10	62	3/18/2015 11:04 AM
11	56	3/18/2015 11:00 AM
12	41	3/16/2015 8:46 PM
13	39	3/16/2015 5:15 PM
14	58	3/12/2015 11:10 AM
15	23	3/12/2015 8:49 AM
16	64	3/11/2015 4:54 PM
17	38	3/11/2015 10:39 AM
18	47	3/11/2015 10:12 AM
19	38	3/11/2015 8:43 AM
20	36	3/10/2015 3:40 PM
21	57	3/10/2015 3:18 PM
22	49	3/10/2015 3:01 PM
23	71	3/10/2015 2:58 PM
24	63	3/10/2015 2:53 PM
25	64	3/10/2015 2:43 PM
26	60	3/10/2015 1:50 PM
27	59	3/10/2015 12:04 PM
28	43	3/10/2015 11:53 AM
29	54	3/10/2015 11:49 AM
30	52	3/10/2015 11:42 AM
31	48	3/10/2015 11:39 AM
32	46	3/10/2015 11:39 AM

33	38	3/10/2015 11:36 AM

ABOUT AMERICAN INSTITUTES FOR RESEARCH

Established in 1946, with headquarters in Washington, D.C., American Institutes for Research (AIR) is an independent, nonpartisan, not-for-profit organization that conducts behavioral and social science research and delivers technical assistance both domestically and internationally. As one of the largest behavioral and social science research organizations in the world, AIR is committed to empowering communities and institutions with innovative solutions to the most critical challenges in education, health, workforce, and international development.

LOCATIONS

Domestic

Washington, D.C.

Atlanta, GA

Baltimore, MD

Chapel Hill, NC

Chicago, IL

Columbus, OH

Frederick, MD

Honolulu, HI

Indianapolis, IN

Naperville, IL

New York, NY

Portland, OR

Sacramento, CA

San Mateo, CA

Silver Spring, MD

Waltham, MA

International

Egypt

Honduras

Ivory Coast

Kenya

Liberia

Malawi

Pakistan

South Africa

Zambia

AMERICAN INSTITUTES FOR RESEARCH®

2800 Campus Drive, Suite 200
San Mateo, CA 94403-2555
650-843-8191

www.air.org

Making Research Relevant